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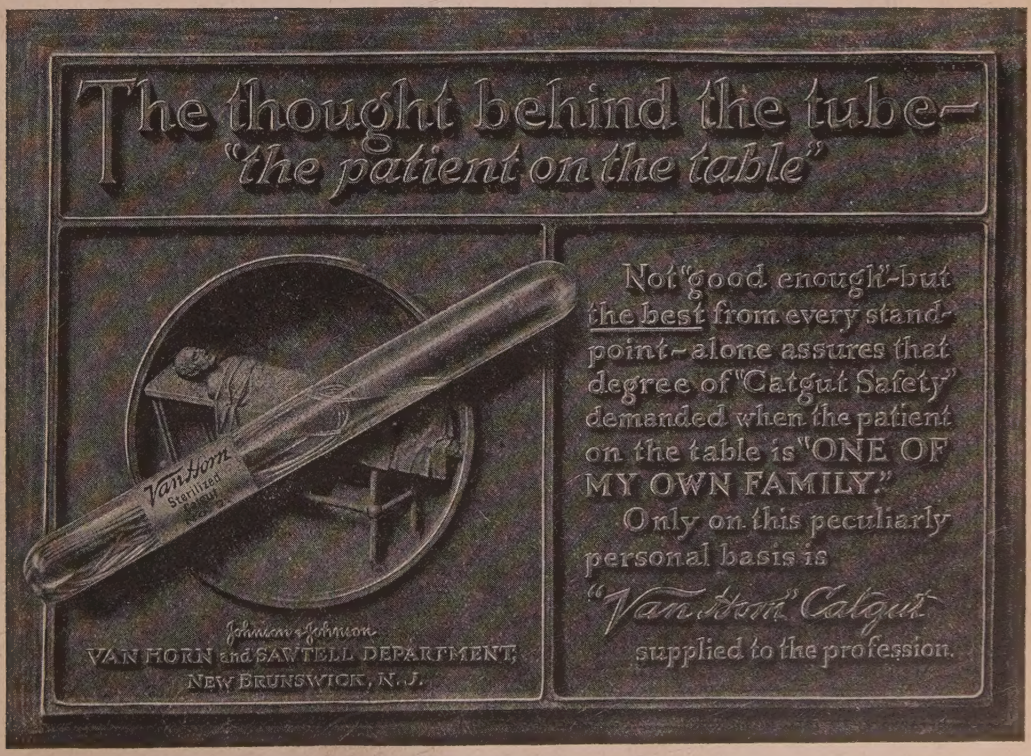
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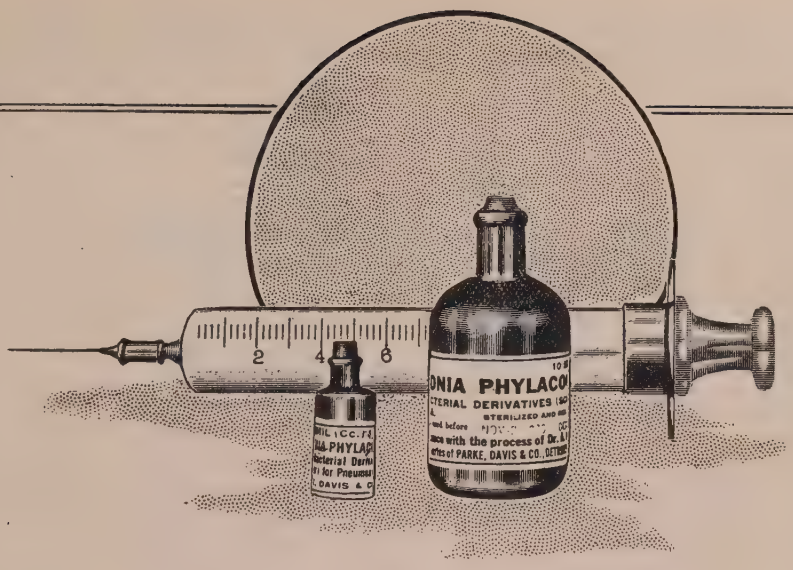

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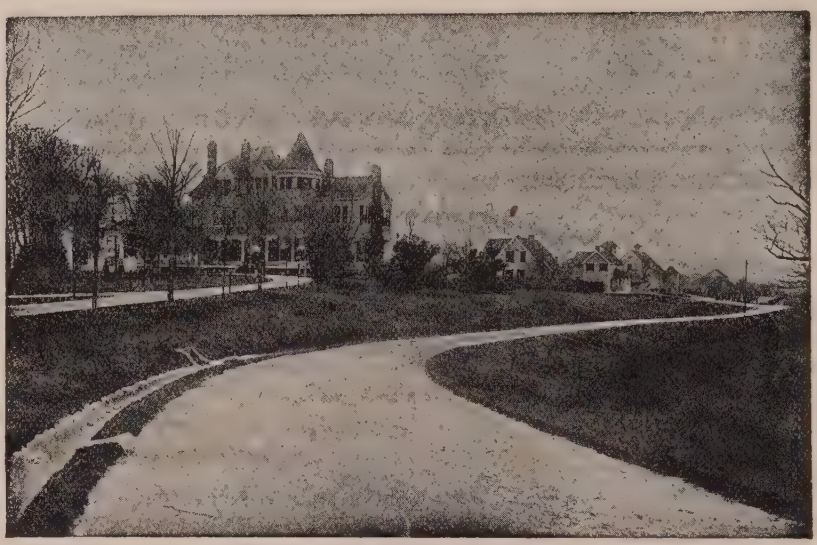

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Alexandria Co. Med. Co.	R. N. Sutton, Clarendon	W. C. Welburn, Ballston	
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Amelia Co. Med. Soc.	P. T. Southall, Amelia	R. J. Styers, Jetersville	
Augusta Co. Med. Soc.	Kenneth Bradford, Staunton	R. P. Bell, Staunton	Staunton, 1st Wed. Feb., May Aug. and Nov.
Bath Co. Med. Soc.	L. D. Pole, Hot Springs	Guy Hinsdale, Hot Springs	Bi-Monthly.
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Brunswick Co. Med. Soc.	W. T. Moore, Valentines	R. H. Manson, Kress	
Bucking'm Co. Med Soc.	J. R. Bagby, Ore Bank	J. Randolph, Arvonia	
Caroline Co. Med. Soc.	C. S. Webb, Bowling Green	C. Campbell, Sparta	Quarterly.
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Dinwiddie Co. Med. Soc.	E. W. Perkins, Reams	F. J. Wright, Petersburg	
Eliz. City Co. Med. Soc.	J. Wilton Hope, Hampton	W. E. Knewstep, Hampton	Semi-monthly.
Fairfax Co. Med. Soc.	R. L. Wilkins, Alexandria	T. C. Quick, Falls Church	1st Thurs. Feb., May, Aug., Nov.
Fauquier Co. Med. Soc.	S. W. Maphis, Warrenton	P. C. Riley, Markham	
Floyd Co. Med. Soc.	M. L. Dalton, Floyd	E. L. Lawrence, Floyd	Quarterly.
Frederick-Clarke Co. Medical Society	R. C. Randolph, Boyce	F. A. Cochran, Clearbrook	
Giles Co. Med. Soc.	F. S. Givens, Newport	W. C. Caudill, Pearisburg	
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Louisa Co. Med. Soc.	H. W. Porter, Louisa	Thos. M. Taylor, Louisa	
Lunenburg Co. Med. So.	E. L. Kendig, Victoria	W. S. Snead, Meherrin	
Lynchburg & Campbell Co. Medical Society.	P. M. Strother, Lynchburg	Robt. P. Kelly, Lynchburg	1st and 3rd Mondays.
Mathews Co. Med. Soc.	C. M. Raines, Bohannon	C C. White, Mathews	
Mecklb'g Co. Med. Soc.	W. W. Wilkinson, La Crosse	H. M. Snead, South Hill	Quarterly.
Med. Soc. N. Va. & D. C.	W. I. Robey, Herndon, Va	J. D. Rogers, Wash., D. C. T. A. Groover, Wash., D. C.	Semi-annually.
Medical Society of Va.	E. G. Williams, Richmond	P. A. Irving, Farmville	Richmond, Oct., 1918.
Middlesex Co. Med. Soc.	B. Dutton, Lot	A. C. Palmer, Urbanna	
Montgomery Co. Med. Soc.	J. C. King, Radford	A. M. Showalter, Cambria	Semi-annually.
Nansem'd Co. Med. Soc.	Josiah Leake, Deans	A. T. Sheffield, Holland	Suffolk, 1st Tues., Sept. to June.
Nelson Co. Med. Soc.	W. D. Meeks, Massies Mills	F. M. Horsley, Lovingston	
Norfolk Co. Med. Soc.	P. S. Schenck, Norfolk	Dandridge P. West, Norfolk.	Norfolk, Mondays.
N'thampton Co Med. Soc.	J. M. Lynch, Cape Charles	H. Trower, Eastville	Quarterly.
North. Neck Med. Soc.	F. W. Lewis, Morattico	R. O. Lyell, Warsaw	Semi-annually.
Nottoway Co. Med Soc.	W. T. Warriner, Crewe	J. R. Adams, Blackstone	
Orange Co. Med. Soc.	J. W. Scott, Gordonsville	J. T. Walker, Barboursville.	
Patrick-Henry Med. Soc.	J. M. Shackelford, Mart'lle	R. R. Lee, Mart'lle	Jan., Apr., July, Oct.
Petersburg Med. Fac.	C. S. Dodd	L. S. Early, Petersburg	3rd Thursdays.
Piedmont Med. Soc.	L. Holladay, Orange	Jas. Walker, Gordonsville	Jan., Apr., July, Oct.
Pittsyl'ia Co. Med. Soc.	W. E. Jennings, Danville	H. A. Brady, Danville	
Powhatan Co. Med. Soc.	E. L. Tompkins, Fine Creek Mills	J. E. Tilman, Rock Castle	
Pr. Edward Co. Med. So.	W. E. Anderson, Farmville	J. P. Trent, Farmville	
Pr. Geo. Co. Med. Soc.	L. P. Milligan, Hopewell	B. L. Naiman, Hopewell	
Pr's Anne Co. Med. Soc.	R. E. Whitehead, Norf'k R.D	T. L. Brooks, Oceana	
Pr. Wm. Co. Med. Soc.	W. F. Merchant, Manassas	Wade Payne, Gainesvilie	
Pulaski Co. Med. Soc.	W. R. Cushing, Dublin	R. H. Woolling, Pulaski	
Richmond Acad. Med. & Surg.	V. Harrison, Richmond	M. W. Peyser, Richmond	2nd and 4th Tuesdays.
Roanoke Acad. Med.	Hugh Trout, Roanoke	E. P. Tompkins, Roanoke	1st and 3rd Mondays.
Rockb'ge Co. Med. Soc.	Robt Glasgow, Lexington	B. W. Switzer, Lexington	
Rock'gham Co. Med. Soc.	C. E. Conrad, Harrisonburg	W. W. Koontz, Spring Crk.	Bi-Monthly
Seaboard Med. Assn.	W. L. Harris, Norfolk	C. P. Jones, Newp't News, Va	Norfolk, Va., Dec. 1919.
Shenandoah Co. Med. So.	B. R. White, Strasburg	W. F. Driver, New Market	Semi-annually.
Smyth Co. Med. Soc.	Z. V. Sherrill, Marion	E. E. Neff, Chilhowie	
S'thampton Co. Med. So.	J. A. Grizzard, Drewryville	E. F. Reese, Courtland	1st Tues. Feb., May, Aug., Nov.
S.Piedmont Med. Soc.	H. W. Dew, Lynchburg	G. A. Stover, S. Boston	3rd Tues. Apr. and Nov.
SouthsideVa. Med. Assn	P. A. Irving, Farmville	R. L. Raiford, Sedley	Mar., June, Sept., Dec.
Southwest Va. Med. Soc.	W. R. Cushing, Dublin	S. W. Dickinson, Marion	Semi-annually.
Spotsylvania, Stafford & King Geo. Co. Med. So.	W. A. Harris, Spotsylvania	C. M. Smith, Fred'burg	Bi-Monthly.
Surry Co. Med. Soc.	W. W. Seward, Surry	C. W Astrop, Surry	1st Thurs. Jan., Apr., July, Oct.
Sussex Co. Med. Soc.	L. O. Vaughan, Waverly	C. P. Neblett, Waverly, R.D.	
Tazewell Co. Med. Soc.	J. N. Higginbotham, Burkes Garden	I. Peirce, Tazewell	Monthly.
Tri-State Med. Assn.	R. S. Cathcart, Charleston,	R. E. Hughes, Laurens, S. C.	Richmond Va., Feb., 1919.
Warren-Rappahannock-Page Co. Med. Soc.	E. R. Browning, Flint Hill	E. W. Brown, Washington	2nd Tues. Apr., Aug., Dec.
Warwick Co. Med. Soc.	Wm. F. Cooper, Newp't News	D. W. Draper, Newp't News.	2nd and 4th Tuesday.
Wash'ton Co. Med. Soc.	A. F. Horne, Glade Spring	Paul Kernan, Bristol	
Wise Co. Med. Soc.	W. R. Culbertson, Coeburn	W. B. Peters, Appalachia	Quarterly.
Wythe Co Med. Soc.	J. E. Tarter, Wytheville	P. Green, Wytheville	

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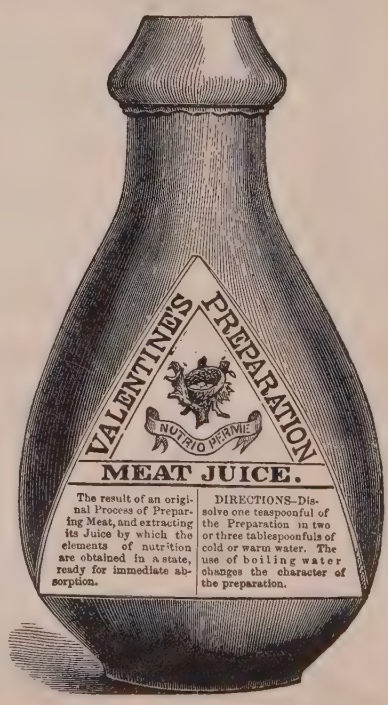
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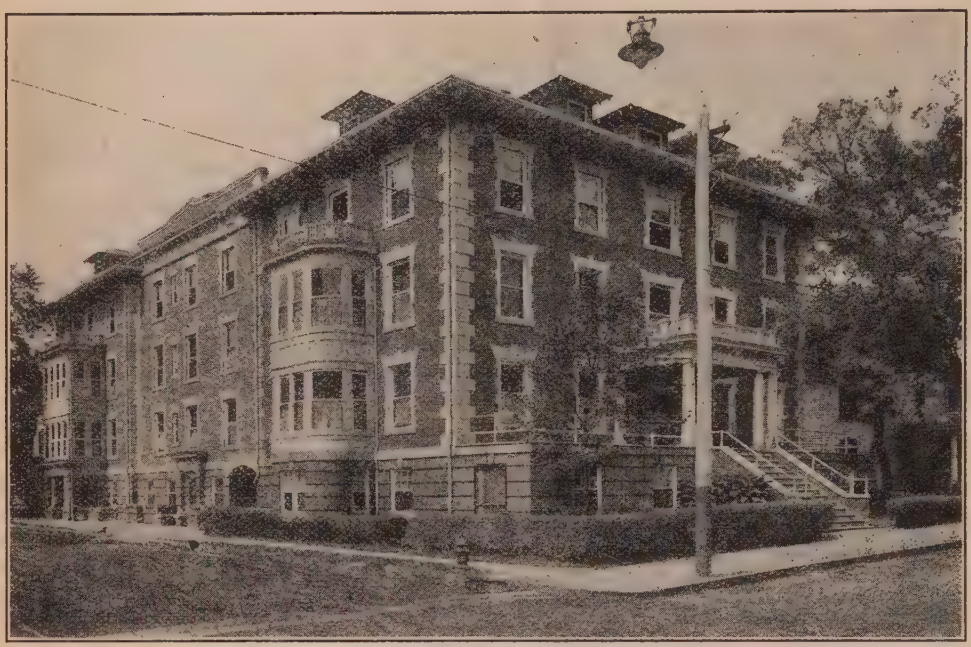

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THE
DIETETIC AND HYGIENIC GAZETTE

A Monthly Journal of Individual and Public Health.

EDITED BY JOHN B. HUBER, A.M., M.D.

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EDITORIALS.

SALUTATORY 1914.

Cicero declared, before the birth of Christianity, *salus populi suprema lex*; modern sanitation can, if given free scope, vouchsafe the public health. In ways most necessary to humankind is preventive medicine "making good." Through twenty centuries and up to Pasteur, a short generation ago, Cicero's words were hardly more than a rhetorical sentiment. Pasteur demonstrated beyond peradventure that germs are the essential causes of the infectious diseases, and declared that it is within human power to banish all such from the face of the earth. Koch and his co-workers based upon Pasteur's findings the science of Preventive Medicine, to-day the most pervasively beneficent agency within human experience. Personal, domestic, school and communal hygiene, as the terms are now understood, are derived from that noble science.

Infants no longer die through dispensations of Providence, but by milk demonstrably laden with disease germs. Only by reason of crass obduracy are many infections now endured. Preventive Medicine is adequately equipped to cope with housing, sewage, filtration—all the problems affecting life conservation, that enter into well nigh every phase of our infinitely complex civilization. And since many infections, such as tuberculosis and malaria, occasion tremendous material losses, preventive medicine has become a vital factor in sociology and economics.

Indeed, the greatest and wisest statesmen have been, and are, realizing how Preventive Medicine has for its objects to curtail and, if possible, to obviate disease, to prolong life, and through improved conditions to make existence happier. Lecky observed: "The great work of sanitary reform has been perhaps the noblest legislative achievement of our age; and, if measured by the suffering it has diminished, has probably done more for the real happiness of mankind than all the many questions that make and unmake ministries."

And Dr. Eliot, of Harvard has written: "Preventive Medicine is capable in the future of doing away with poverty and misery, of remedying industrial disputes and of contributing to the cause of international peace. It is capable of removing those causes of human misery, poverty and sorrow which lead to internal rebellion and disorder and, among nations, to war and strife.

Nor is preventive medicine content to deal only with material diseases; it rightly concerns itself with mental hygiene and the assurance of a normal posterity—that is, eugenics.

It should now be observed that henceforth we don't expect to deal much with sex pathology; in point of fact we beg to set down here, with the endorsement "Them's our sentiments," the following from the *New York Times*: "In the campaign of filth, out of which no good can come, 'literature,' and that sometimes bearing the im-

print of respectable publishing houses, has borne its part, and the detestable 'sociological' conferences, attended by the young and old of both sexes, have done more than the worst plays to break down the barriers of restraint and destroy good manners."

The field of preventive medicine is indeed vast, constantly widening, and most fruitful; in it, through thirty years past, the DIETETIC AND HYGIENIC GAZETTE has worked, mostly as a gleaner. It is a most congenial field; and we look forward with the utmost gratification to continue working in it; to be as useful as we can in it; and with the hope that when our mantle must, in the course of inexorable nature, be transferred to others' shoulders, we shall not be deemed to have worn it unworthily.

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FULL TIME PROFESSORS.

THE General Education Board has, by its gift of $1,500,000 to the Johns Hopkins University Medical School, enabled that institution to work a now long cherished reform in the organization and teaching of the main clinical branches in this institution. The fund is to be named the William H. Welch Endowment for Clinical Education and Research in honor of its professor of pathology; and the trustees of that University are unrestricted in the application of the income. Hopkins will now be able to reorganize its departments of medicine, surgery and pediatrics so that the professors and their chief assistants will receive adequate salaries and will be relieved of the necessity of practicing privately; they will give their whole time to education and research. Should the plan work well it will be extended to the departments of physiology, anatomy, pharmacology and pathology. And here, surely, regarding the latter subjects, were a consummation devoutly to be wished; for the work in them is peculiarly *con amore,* work to which private practice is not likely to be so adjuvant as in the departments of medicine, surgery and pediatrics.

There have heretofore been very few "full time professors" in medical education. The pediatrics department, of which the head is Dr. John Howland, will be the first to be effected. Next will probably come surgery, under Dr. William S. Halstead; and then medicine, under Dr. Lewellys F. Barker. It has not yet become fully known whether these physicians will feel themselves able to go on a full term basis. It is thought the salaries will be between ten and fifteen thousand dollars. But that is not now considered the main point. Dr. Welch is reported as saying: "We don't want men who are thinking of salaries only; we want men who will be willing to make sacrifices for research." Of course the services of such men as Dr. John Miller Turpin Finney, Dr. Howard A. Kelly and Dr. Joseph C. Bloodgood will in any event be retained; they will continue with the Medical School as at present. They may be eventually offered positions under this plan; but, if they should not accept, other men in their departments will be made full time assistants, and will devote themselves exclusively to the University. Of course, the full time professors will be unrestricted in seeing private patients, but their work will be done in the hospital; and professional fees for such services will go to the University to further teaching and research. For the present at least there will still be room and need in the Medical School and Hospital for teachers and physicians who are partly engaged in private practice. The teaching of the specialties is not affected by the new plan. The influence of the full time system as applied to the other departments, however, cannot fail to be beneficial upon the whole Medical School and its organization."

MEDICINE HATH HER VICTORIES.

The Rockefeller Institute for Medical Research has, in its brief existence of scarce a decade, and from its beginning under the Directorship of Dr. Simon Flexner, given to the world work extraordinarily fruitful. Within its walls has Dr. Flexner perfected a serum curative of cerebrospinal meningitis, one of the most dreadful and fatal of diseases affecting humankind, especially little children. Dr. Meltzer, among much else that is superb, has developed the intratracheal insufflation by which are resuscitated those seemingly dead for hours, from drowning or from noxious fumes. Dr. Carrel, (a Nobel prize winner) has not only maintained life in vital tissues (as the heart and the kidney) many months after its removal from the body; but in September last he published his demonstration of cellular growth and multiplication apart from its organism, a work pregnant with possibilities for the repair of tissues and organs by surgical procedures. At the same time Dr. Hideyo Noguchi (to whose credit is much other notable work—as the assistance he gave Dr. Ehrlich in the preparation of salvarsan, one of the several surest of curative agencies)—Noguchi discovered the germ responsible for the development of rabies or hydrophobia, by which discovery this dreadful disease will henceforth without peradventure be recognized and by which a curative agency may be evolved. (The Pasteur inoculations against rabies are a most effective immunizing agent, but they are powerless when the disease is once established; how earnestly is then a cure to be hoped for, since hydrophobia, the sufferings from which are exceeded in no other disease, has when once established in the system, a mortality of one hundred per cent.) And now, a month after the announcements of Carrel and Noguchi, comes another epochal one, that of Flexner and Noguchi's demonstration of the essential germ of infantile paralysis (epidemic poliomyelitis), the acute infection from which children if they do not die, are nevertheless like to grow to maturity with groups of muscles irreparably flaccid or with entire limbs wasted or functionless; by this discovery again, will infantile paralysis be diagnosed beyond error, and a curative serum confidently hoped for.

WOMEN AND CHILDREN IN COTTON MILLS.

Dr. Arthur H. Perry studied the Causes of Death Among Women and Child Cotton Mill Operatives, and gave his results in Vol. 14 of Senate Document No. 645 of the Second Session of the Sixty-first Congress. In his investigation he employed the "death rate method": and he formed a comparison of the mortality of employees in the three great cotton mill centres of the East (Fall River, Mass., Manchester, N. H., and Pawtucket, R. I.) with the mortality prevailing in similar age and sex conditions outside that industry. He chose the age period 15-44 years, because it represents full industrial activity when the death rate would normally be low; represents one-half the entire population, thus giving a very wide range of study; and comprises 85 per cent. of the entire operative population—whilst within its limits are 76 per cent. of the entire number of tuberculosis deaths from ten years of age on, 73 per cent. of the whole operative mortality from all causes, and 91 per cent. of the entire operative mortality from tuberculosis. Cotton mill work, studied because it engages more women and children than any other industry, exhibits a deplorably high female death rate, and, more frequently perhaps than any other industry, compels its workers to inhale irritant vegetable dust—which is peculiarly conducive, in the overworked and the underfed, to tuberculosis. And tuberculosis (consumption) was selected for study because it is the most prevalent ultimate or immediate cause of death within the 15-44 age period. Dr.

Perry's job was a pretty thorough one, all explained in a most interesting volume of 430 pages; and humanitarians, sanitarians and some real statesmen are thinking hard over certain points this doctor has pretty well clinched, as: The death rates of male non-operatives exceeds those of female non-operatives by 22 per cent.; but the death rates of female operatives exceeds those of male operatives by 33 per cent., despite the former averaging younger. Again: Female operatives have a death rate of more than twice that of non-operatives of their own sex, in some age and race groups many times as high, in the years from 35 to 44 *five* times as high. And Dr. Perry's conclusion is that operative work is prejudicial to the health of females; that the combination of operative work with matrimony is especially harmful; and that, whilst the general hazard of the female operative is greater than that of the non-operative, the former is in most danger from tuberculosis. The further conclusion looks as if it were justified, that whilst there has long been a suspicion that a cotton mill is hardly the health resort some mill owners would claim it to be, Dr. Perry's Report demonstrates such working places might more justly be called death resorts. And this Report all the more abundantly justifies satisfaction in the coming reduction of our tariff, an institution fulsomely held through so many dreary years to exist fundamentally for the fostering of the physical and material welfare of the working people; but which, by increasing enormously the cost of the things which the poor must buy, whilst *pari passu* building up vast individual fortunes, has become in New England, as in Pittsburgh and elsewhere, where protection has so conspicuously demonstrated its blessings, an instrument conducive in reality to human distress and undoing, and to death long before the term natural to humankind.

THE PESSIMIST AND LIFE EXPECTANCY.

In the Life Table for New York City recently issued by its Department of Health, it was shown that, whilst life expectancy for infancy and childhood has greatly increased, that for after forty has diminished, as compared with the calculations issued by Dr. Billings in 1883. This has moved the "knocker" to observe that we now save our young people from tuberculosis in order that they may die after forty from the degenerative diseases; furthermore, that the humanitarian is mistaken in his now eminently successful efforts to prolong the lives of human weaklings beyond infancy, because the latter's below-par bodies will later become unable to resist the pathological processes that begin to manifest themselves after two score—the terminal diseases resulting from the failure of important organs (especially in those thus predisposed) to maintain their efficiency. The answer to this survival of the fittest claim is, obviously enough, that if there is to be no tender solicitude for the afflicted child we must logically go back to savagery as the ideal human state, and that the *wille zum guten,* altruism, Christianity itself have been and are colossal errors. But who are the fit, anyway? Only those physically so? Is the spiritual in existence to be ignored? Such were indeed a wofully lopsided philosophy. Many a useful man (the biographical dictionaries teem with the names of them) has been unhealthily born and has had his infant life hanging many days by a thread, until the scale has turned existenceward, with results vastly profitable and beneficial to his kind. The life expectancy of such an one may not have been worth any "practical man" taking a flyer in him. He may never have seen anywhere near forty. But in his brief span he has ineffably and most comfortingly impressed himself upon his day and generation. Hundreds of the world's geniuses and compellers have died before thirty-five of the one disease, tuberculosis. For us certainly it was good that they lived at least the half of three score and ten. Manifestly, length of days is not as important as how they have been lived.

INSPIRED GENIUS AND ITS WAYS OF WORKING.

A GREAT sculptor once had his soul so saturated with a wonderful sunset—its softness, its calm, its quiescent and gradual change of coloring and its peace-suffusing quality—that he wanted to portray it; but he was no painter. So instead he wrought in marble a little child asleep; and this he did so successfully that people contemplating the equanimity and trustfulness in its infant countenance, the stone that seemed almost to be respiring, declared that it put them in mind of a sunset and were bettered accordingly. So also *Harper's Weekly* relates how "fifty years ago a boat builder (this is imagined for the facts are not known nor do they in the least matter, since they 'have nothing at all to do with the case') was profoundly moved by a queenly, a soul compelling, and a good-diffusing woman; but he was no poet and could not manifest his devotion in rhyme and rhythm. Yet his imperative ambition was to interpret his inspiration into something that might in turn benefit the world. So he built a poem: he designed a most beautiful white vessel with exquisitely graceful lines; and he named her the Mary Powell. And so transcendently delightful was that vessel, when outlined against the loveliest scenery in the world, so swift and sure her course along her noblest river, dashing the rainbowed spray from her bow, so benignant her existence, that these fifty years past people have never tired admiring her, 'many an eye has danced to see' her flag in the breeze; many a heart has throbbed at her passing, and from first to last men have called her, perfectly comprehending her designer's inspiration, The Queen of the Hudson. So from the beginning of the race have superb women moved men to glorious works; and never has such admiration been more justified than when translated into utilitarian achievements. The Mary Powell is going to the scrap heap! That is what it really amounts to, though her owners are trying to break it gently to the many thousands who love her and cherish memories of those with whom they spent hours on their runs. 'She will make occasion trips.' This, any discerning person can see, is but softening the blow. Soon she will pass away along with such gray heads as began their wedding trips on the sympathetic decks. But that is the appointed course for beautiful women and devoted men, and wonder-fashioned vessels, as well as for all and everything else in the cosmos."

COLONEL GORGAS TO SOUTH AFRICA.

DR. GORGAS, who has transformed the Isthmus of Panama from one of the most pestilent regions in the world, to one of the most salubrious, now vying with Palm Beach as a health resort, is on his way to The Rand with the consent and approval of our War Department. The management of the Rand gold mines have asked him to deal with the diseases, especially pneumonia and grippe, that are gravely affecting their employees. Pneumonia has during the last few years caused great mortality among these men, epidemics quickly succeeding one another. Dr. Gorgas expects to find out the causes of the epidemics and then to lay plans for stamping them out.

Probably many of these cases of pneumonia are preceded by grippe, one of the most contagious of known diseases, in itself not serious, seldom fatal, but having oftentimes grave sequelae. The mine workers whose sufferings Gorgas hopes to—and certainly will—relieve are negroes, native Kaffirs, a race very susceptible to grippe and pneumonia.

In Panama Gorgas had, in the beginning of his work, a very similar problem to deal with. Deaths from pneumonia ran up to 15 in the thousand of population annually. Here again the initial disease was influenza, pneumonia being the sequel. The negroes

who were employed as laborers were fetched by thousands from Jamaica and other West India Islands, and had theretofore never known grippe nor been exposed to it; in the natural history of infection they were thus extraordinarily subject to its contagion —they had a low relative immunity to it. On the Isthmus they met sufferers from the United States or elsewhere, and thus epidemics quickly took place. Besides, ninety per cent. were then quartered in barracks (now but ten per cent are thus housed); thus grippe spread rapidly. Later the negroes took up quarters outside barracks, had their families come from their native islands, and thus provided a fresh stock of non-immunes to invite further mischief. The Canal Zone folk have, however, since become more or less, by acquired immunity, influenza-proof, and suffer now not much worse than in any American community.

Possibly the state of affairs in the Witwatersrand, which Gorgas will visit, is akin to that which formerly existed in Panama. If the labor supply has been maintained by recruiting fresh batches of Kaffirs from various tribes that have not been previously exposed to grippe, the disease would spring rapidly among them, with pneumonia as a sequel in many cases. The remedy would lie in avoiding in the future, as far as possible, such practices. Gorgas will make a general sanitary survey of the mine districts. It is an elevated region, probably not malarious to any degree. Presumably there is more or less typhoid, as anywhere else in the world. Our great sanitarian will certainly get established a regular organization such as has been accomplished so much in the Canal Zone.

The Kaffirs, it seems, live in compounds —quadrangles of buildings, resembling somewhat city blocks and surrounded each by a courtyard, such as in tropical America would be called a "patio." The buildings on the four sides of the courtyards are barracks, used for sleeping and other living purposes; the cooking is done outdoors on the ground, beneath slanting shed-like roofs, that project from the walls of the buildings on their inward sides. Here then, are conditions practically akin to those which formerly obtained in our Canal Zone, and very inviting to grippe and pneumonia epidemics; if at frequent intervals fresh supplies of immunes are introduced from various tribes, a situation is created accounting fully for the pneumonia death rate which has occasioned such consternation in the Witwatersrand.

Influenza is now no more troublesome in Panama than anywhere else, as has been stated; nor has there been yellow fever in that region since 1906; there is some malaria left, but not much. Grippe could be abolished entirely in the Canal Zone, as elsewhere if people could only be convinced that it is worth while to take the necessary trouble; simply by isolating the grippe sufferers, as is done with smallpox cases and as ought to be done with measles cases. With the possible exception of dengue there is no disease in the tropics which attacks so many people as grippe; Gorgas will assuredly reduce the latter's incidence and, if he is properly "backed up," banish it from the Rand, with its so often fatal sequel, pneumonia.

BATHING AND HEALTH.

In our present and several succeeding issues appears and will appear, by official arrangement, the transactions of the recent meetings of the Association for the promotion of Hygiene and Public Baths. It is wholly fitting that the authoritative deliberations of the workers in these important fields, of hygiene and balneology, should be co-ordinated in The Gazette, which has through three decades occupied them. Indeed, Dr. Simon Baruch, the Association's President and a laborer for many years in behalf of hydrotherapy, gave to The Gazette the first paper on *A Public Bath*, with plans, published in this country.

We are confident our readers will find the Association's proceedings interesting and most profitable. They will certainly be to all not suffering from an incurable aquaphobia; even that individual may see a light who, in overweening pride, boasted he bathed regularly, every Fourth of July, "whether he needed it or not." May these transactions serve to hasten the day when the public bath will be as essential to American civilization as it was to that of Rome or of Greece.

ORIGINAL ARTICLES.

THE PROCEEDINGS OF THE SECOND ANNUAL MEETING OF AMERICAN ASSOCIATION FOR PROMOTING HYGIENE AND PUBLIC BATHS IN BALTIMORE, MD.

THE ADDRESS OF DR. WILLIAM H. WELCH.

Dr Welch: Mr. Chairman, Ladies and Gentlemen—The Association for Promoting Hygiene and Public Baths doubtless was formally welcomed to the city of Baltimore by the officials to-day. I would simply like to express in behalf of the Johns Hopkins University, and I think I may add of the medical profession, our gratification that they have chosen Baltimore for their place of meeting. Dr. Baruch in his very interesting and instructive and suggestive address dwelt somewhat upon the fact that gifts had come to Baltimore; he spoke pleasantly about some of the workers here. I do think that perhaps we do sometimes have ideas and occasionally initiative movements in this city. Our sad lack, Dr. Baruch, consists in the lack of funds to carry out the good ideas which we think we have, and if you can divert any funds in this direction, I can assure you that the returns will probably be as good as anywhere.

You have commented upon the lack of support of the public bath movement on the whole in this country. It is true that it is lamentable how little appreciation there is of public sanitation; how utterly inadequate are the funds at the disposal of the municipality and state health officials for that work. At the same time, there is no reason, I think, for despondency. When we compare the progress which has been made, particularly in quite recent years, in this regard, there has undoubtedly been a very considerable awakening of the people to the importance of efforts to improve the health of the people and to prevent disease. I also think it is pertinent, perhaps, to inquire whether even these inadequate funds at our disposal are used most efficiently, most economically. I venture to say there is need for improvement in that regard—in the better use of the funds, small as they may seem to be, better use of the funds which are now at our disposal. We of the State Board of Health are particularly anxious to secure from our next legislature funds enough to inaugurate a better system for securing well-trained, competent local health officers in sanitary districts throughout the state, which may or may not coincide with county lines; local health officers sufficiently paid to give their whole time to the work. I think there is no need more urgent than that of getting trained men who will give their whole time to the work and will spend the funds which are available so as to secure the best results. There is great waste, surely there is great waste of public funds, not only in this, of course, but in a great many other directions. It is incumbent upon us to inquire whether we do use the funds we have to secure the best results.

Dr. Baruch said, and the name of this association confirms what he said, that the purposes of this association are broad, including both hygiene and public baths. I judge, however, from the membership and from the program that the larger emphasis for the present is placed upon that of the public baths and that the whole broad field of hygiene is brought into relation with the subject of public baths. The few words that I have to say will relate particularly to this question of the public baths. I cannot claim any great familiarity with the subject, but I do know that it is one of the important chapters in public hygiene; I do

know that public baths constitute an agency of first rate importance in the improvement of the health and well-being of the people and also in increasing resistance to disease. They constitute, therefore, one of the agencies which link pure water, pure milk, clean streets, good, pure food and all those things which have manifest relation to the physical, moral, and social condition of the people together. The argument would be strong if they did not relate to the health of the people, I mean from the mere side of cleanliness, for ethical reasons and for pleasure. The same might be said of the water supply and of the sanitary disposal of sewage. There is a reason why a city should supply those aside from health, but when you learn that they do add to the health of the people, there is added argument for pressing home to the people the need of public baths. Dr. Fulton intends to say something about the development of the subject in this city. My remembrance is a little hazy, but I do recall at the time we had the American Public Health Association Mr. Beadenkoff, Dr. Gichner and Dr. Sherwood were at that time interested in the subject, but I shall not encroach upon the theme which Dr. Fulton will touch upon, but I would like to emphasize a fact relating to public baths. They undoubtedly increase resistance to disease. When we consider the agencies which we employ to reduce the mortality from preventable disease, we will note that some of them are the association for the prevention of tuberculosis, the city and state board of health, the district nurses, etc. The public baths operate more indirectly, but perhaps with equal efficiency by increasing our resistance to disease. It is very difficult to say, when we consider the results of modern sanitation, just how much of the good accomplished belongs to efforts which are directed immediately against the causes of the disease on the one hand, and the efforts which are put forth indirectly —such as the public park, better housing, scientific ventilation of work shops, and here I would include, public bath agencies —on the other hand. I do not think we can say exactly, but there is no doubt that our knowledge to-day tends to emphasize more and more the need of increasing the resistance to disease. An illustration would make that sufficiently clear to you. There is a great deal of tuberculosis. We all become infected with tuberculosis early in life, practically, so that at the age of fourteen nearly 100 per cent. exhibit tuberculosis and give positive reaction. We have the bacillus within us. Now as long as that period—ten to fifteen years of age—lasts there is very little active tuberculosis. Why is it that at the age of 18, 19 and 20 when young people begin to assume the heavy responsibilities of life, when young men begin their professional studies, when they enter upon the work of life, you may say, that we have this sudden increase in tuberculosis? Is it that there is renewed infection? We have not the facts for positive statements on this point. That is where we need new light. There is no reason to assume reinfection; all that is necessary is that the system be weakened, with the consequent loss of resistance to disease, and the micro-organism already present in the body will develop. Now I speak of that to illustrate what I mean when I say that the public bath as well as other agencies is a very important agency in the campaign for the prevention of infectious diseases. It is very important for the protection of the health of the people. Add to this if you like the arguments of cleanliness, pleasure, increase of self-respect, all those results which Dr. Baruch has so charmingly and graphically depicted in his remarks. We can go to the proper authorities and say, "Here is something to be done, which is for the health of the people." It belongs in this group. The health and efficiency of the people really are in a very direct and important way influenced by such agencies as the public bath. It is therefore a direction of modern movement in behalf of health, a practise of living which I consider to be of primary importance.

DR. JOHN R. S. FULTON'S ADDRESS.

Dr. Fulton: Chairman, Ladies and Gentlemen—As Dr. Welch has already intimated, I have written on the back of my program about a dozen names of persons who have become known to me in connection with the Public Bath Commission. I think an opportunity like this—a public bath meeting—does give us an opportunity to recall the names of those who have been serviceable in the Public Bath Commission. My remarks will not be historical, they will not have the proper chronological order, they will simply show the side line along which I found my way into this question. When I first came to Baltimore, the only person that I knew in this town at that time was Dr. Morton Shafer. Not many of you know Dr. Shafer; he was a man of very high type indeed. He was a very ardent advocate of public baths and was an editor of the Maryland Medical Journal. I always like to recall Dr. Shafer as one who first interested me in this subject, who himself did not live long enough to make very much impression. The history of public baths did not at all begin with Dr. Shafer; he was recently back from Germany and was several years behind the Public Bath Commission. We had in Maryland in 1900 a Maryland Public Health Association; it had one successful and good meeting, and I remember that Dr. Mary Sherwood was an active member of the association, and she proposed to me that we should take up the question of public baths and gave me the first information that I had concerning the Public Bath Commission in Baltimore. It was not making a great row then. We gave invitations to the Public Bath Commission to tell us something about their work at the meeting of the Maryland Public Health Association, and there I met the real patron saint of the public bath propaganda, the Rev. Mr. Beadenkoff. He appeared at the old Faculty Hall round on Hamilton Terrace and brought with him Mr. Norris and Mr. Levering, both of whom are instruments in a good deal of beneficent mischief in Baltimore. Mr. Beadenkoff had been pastor of a church near the water side and he had to rescue many boys who were having baths off the public docks and re-uniting the boys with their clothes, appropriated regularly by the police. This rescue work was regularly carried on by Mr. Beadenkoff for quite a time; it seems that Mr. Beadenkoff had secured funds by means of which he was able to establish a single bathing shanty or shack for boys in his part of the city. It was in consequence of this work and with the assistance of Mr. Morris and Mr. Levering that with great difficulty he succeeded in getting as much as $500 out of the City Council, and that the Public Bath Commission became a part of the city government. I did not know until that meeting of the American Public Health Association that there was such a set of people in the town. The story they told was very interesting, and in consequence the Maryland Public Health Association evolved the plan that at its next annual meeting a special meeting would be held in this hall—Johns Hopkins University was always very good to us in providing a place for public meetings—and bring this matter more to the attention of the people of Baltimore. It happened while we were discussing that matter that we found two persons who were very much interested in the subject and intended to study it during the summer, and they were Dr. Henry Riach and Dr. Louis Riach. They were intensely interested in the subject of public baths. That was the year in which Dr. George H. Ray was president of the Faculty. In the loss of Dr. Ray everyone knows we lost an exceedingly important hygienist. In the following autumn we had our meeting in McCoy Hall, and we had invited down Josiah Quincy of Boston. Mr. Quincy gave us a most interesting talk and lantern demonstration on the important public bath arrangements which they had in the city of Boston. His

speech was followed by one by Mr. Levering, who without the slightest embarrassment showed the whole equipment for public baths in Baltimore at that time.

The next move, I think, was instigated by Dr. Gichner, who thought that funds to some amount might be subscribed in a popular way to enlarge the work which the municipal Public Bath Commission was then doing. I think he succeeded in raising a small amount of money, but the important thing which was done in consequence of Dr. Gichner's activity was some newspaper publicity. That had a very important effect because it reached well outside the audience we had in McCoy Hall. In consequence of this newspaper story, Mr. Henry Walters sent for Mr. Norris and expressed a great deal of interest in this attempt to raise private funds for the erection of public baths. I do not know the intimate history of that time, because when I became intimately acquainted with the history, Mr. Walters had given sufficient funds to erect the first public bath that bears his name. He has since then repeated his gift four times. I am simply telling you the history of the Baltimore public baths as I know it, because I went away from Baltimore and could not keep in touch with all the developments.

I think the next thing was the date when the Public Bath Commission sent Mr. Beadenkoff to talk with Major Venable. Major Venable was the president of the Park Board and he had great ambitions for the development of the park system of Baltimore. We had no reason to think that Major Venable would become enthusiastic on any proposition the Public Bath Commission had to make but sent Mr. Beadenkoff on an uncertainty, and the result of that first visit to Major Venable was the big pool at Patterson Park. I am told it is one of the best in the United States. That was a very important period in the history of the public bath movement for the reason that it joined up the public bath movement with other associations in Baltimore—the Playground Association, the Public Athletic League and such other agencies.

This is as far as I am able to trace the history of the movement for public baths in Baltimore. The name of the next person, I should have one more name on the back of my program, I do not know. It is the name of the city councilman who got the first appropriation made by the city of Baltimore for the establishment of an indoor public bath. So that brings us down to what must be the ultimate status of the public bath movement. The public bath must be created and supplied by the municipality for the benefit of the youth and public bathers in general in the city.

Opening Session May 13th, 1913, at the City Hall.

Meeting was called to order by the President, Dr. Simon Baruch. Dr. Willian H. Hale acting recording secretary.

Mayor James H. Preston delivered an address of cordial welcome in behalf of the municipality and people of Baltimore, and indorsed the national program by his official approbation of the work of the committee of arrangements.

The President replied with complimentary allusion to the Portable Bath which was discovered in Baltimore, forming an epoch in public bathing, because it enabled the smallest town to convey the bath to the toilers. Dr. Baruch expressed high appreciation of the hospitality extended.

Mr. Arthur M. Crane of New York presented a paper on "Safeguarding and Care of Indoor Swimming Pools."

(*This paper appeared in the December issue of* The Gazette.)

Discussion of Mr. Crane's paper—The President: This paper opens a new era in pool bathing because it shows that the chief objections, waste and contamination of water which are very serious may be absolutely obviated by the treatment which Mr. Crane has so ably presented.

Dr. Hale: The best authorities do not expect of mechanical filtration a higher efficiency than 97 per cent., which has become the standard specification for city filtration plants. To be absolutely certain of purity hypochloride of lime should also be used.

Mr. Beadenkoff asked which is the better material, non-absorbent tile, cement also about a sand floor. Mr. Crane answered that any which would harbor germs is objectionable. The surface of the pools should be glazed without cracks or roughness, and square corners eliminated. A sand floor is objectionable, because it may act as a filter.

REPORTS ON MUNICIPAL BATHS BY DELEGATES.

Brooklyn—Dr. Hale, Supt. of Public Baths: The past year, like every other since the first interior public bath was opened in Brooklyn in 1903, has been one of progress.

Public interest has no doubt been stimulated somewhat by the formation of this association, and the International Conference on Public Baths at The Hague last August; but the rapid growth of our boro and the increasing popularity of these baths are ever present underlying causes of this interest.

A criterion of this demand is given by the sales of soap and towels which have increased every year, amounting in 1912 to $21,655.10 for our seven interior baths. In addition to this, the Coney Island Bath which had its first full season last year took in $25,309.30 for rent of rooms and lockers at 10 cents each.

The increased receipts of the seven interior baths for the first four months of this year are very significant, amounting to $6,121.67 against $4,855.99 for the same period of 1912. The Coney Island Bath is not yet opened for this season.

The only public swimming pool in Brooklyn is now utilized for instruction in swimming of the female teachers and high school girls of the boro, under direction of the department of education, which system has been inaugurated within the last few months, but no such provision has yet been made for men and boys.

The management of the Coney Island Bath involves the important problem of devising some workable scheme for limiting the time of bathers, as we found last year that many persons, especially women, come early and remain all day; thus excluding others. This has led to a proposition to build another bath alongside. We hope, however, to utilize present facilities so that the bath may accommodate more than double the number that have ever used it on the busiest day.

How great is the pressure for these seashore baths may be inferred from a statement which appeared in the local papers within the past week, that the estate of the owner of a private bath adjoining the municipal bath and encroaching on the domain of the city, was valued at about $750,000.

Let us hope that aroused public interest following the present meeting, will bring about results in this direction, and in a great expansion of our bath system, for which the time is ripe.

Boston—Mr. Hugh McGrath, one of the pioneers of indoor baths: Since last year we have opened an additional bath and in connection with one of our gymnasiums we have a floating bath which is close to beach bath. The South Station, where those who are compelled to work in hot, stuffy rooms during the hot days of the summer will have an opportunity to take a dip in the cool water of Boston Bay. We have opened up another in Charlestown, which has been one of the most neglected parts of the city. We have opened up a house which cost $40,000 to equip, and while it is very inadequate, it will serve as a beginning for better things. There is before the City Council an ordinance calling for an expenditure of $350,000 to install other bath houses. We want more and we are going to get them, eventually, in every part of the city.

In several of the playgrounds, through some lack of foresight, shower baths have not been secured, but before the playground season opens this year, they will be equipped with shower baths.

Philadelphia—By W. L. Ross: We built and opened a new bath in the latter part of November. Our bath houses are not as elaborate or as expensive as the municipal baths. This was erected at a cost of $35,000. It has altogether seven bathrooms. I have had this work for fifteen years.

Richmond, Va.—Mr. Cassidy: About five years ago Mr. John T. Branch, a wealthy citizen of Richmond, offered to give the city a public bath at a cost of $20,000, provided he might have the permission to name the first commission, which was to be a self perpetuating body, and that the city should support the bath. The bath was built and has been in operation for four years. The first year we had 42,000 bathers, the second 50,000, the third 54,000, and the last year 60,000. We charge five cents for adults and three cents for children. We have no city bathing. There has been no demand for city bathing, and therefore we haven't it.

The success of the first bath in the eastern part of the town was so great that Mr. France proposed to give the city another public bath upon the same conditions that he gave the first. The city accepted his offer and he has lately completed a second bath at a cost of between $35,000 and $40,000. That bath will be in operation in about thirty days. We have in our first bath a public laundry. It is in a section of the town where we thought a public laundry would be a great success, but it has been a great failure. We cannot get the women to come there and wash their clothes. We have advertised and sent out circulars and the only explanation is that they have too much pride. For that reason, we have abandoned the public laundry in the bath in the western part of the city. Both baths have about the same number of baths, about seventeen showers for men and five for women.

Our report for 1912 is 55,345 men, 1,326 boys, 2,681 women, and 946 girls. Our receipts from the city of Richmond were $2,500—our appropriation is $3,000; the receipts from bathers were $3,081. Our expenses were, all salaries $3,760., water $234.21, fuel and light $826.60, supplies $986.35.

We are here seeking information. For instance, how can we fill our baths other than on Saturdays, when we bathe one every minute? We only give the men twenty minutes, and if they stay over time we require them to buy two tickets. On Saturday we bathe, on an average, between 700 and 800—more than the total number of baths on the other five days.

Our bath house is magnificent. We endeavor by personal inspection to maintain rigid cleanliness of the bath, having no superintendent. It is very popular for we have judges, doctors, lawyers, physicians, and all classes of people, because it is so much better than they can get at home. A movable valve gives every temperature of water, from cold to 105 degrees F. much better than at home.

Mrs. Jacobson:—It would be a good idea to have five bargain days—say three cents on week days and five cents on Saturday. I believe that would regulate the question of a large percentage on that day.

Dr. Baruch:—Judges and doctors have plenty time to bathe on other days and would doubtless gladly do so.

Mr. Eisenbrandt:—I am much interested in the cause of failure of the laundry; this is so contrary to the experience of Baltimore. Isn't it possibly due to the location of your bath house or laundry?

Mr. Cassidy:—We are located in a manufacturing section surrounded by a great many of what we call down there Russian Jews and we have a great many girls who work in the factories. Some of them come there in the evening after the factory is closed and do their laundry. We charge five cents an hour for the use of tubs and hot and cold water and a place to dry their clothes, but we find a pride that we have to break down and cannot. They will come there and instead of coming to the front door they will come to the back door. It is what you might term a foolish pride.

Question:—Do the colored people use the laundry as well as the white?

Mr. Cassidy:—We don't have negroes. If we allowed the negroes, we would have no white people. It was given for the benefit of the white class who are at liberty to come at any time.

Dr. Sherwood:—In Baltimore we have added to the patronage in our laundries when we arranged an entrance door for the laundries that should be at the side of the house, and we found that more women were inclined to come to the laundries when they did not have to come to the front of the house.

We are allowing the men to use the laundries. We really have had to take away the laundry in Public Bath No. 1 from the women, with the exception of two days in the week because so many men have come to use the laundry that it has finally been given over to them for those

days, and they come by the hundreds to use it.

Mr. Eisenbrandt:—Your statement was to the effect that the character of the patrons at the laundry was Russian Jew. That is all the more remarkable to us, because our greatest patrons are Russian Jews. Our No. 1 bath house has a very finely equipped laundry and it is almost exclusively patronized by Russian Jews. You said your bath house with the laundry was located in the factory district. Does that mean a district in which the factory operatives are located or are their homes some distance from the laundry? I am interested in the statement that you take it as a matter of pride on the part of your people because they look upon it as a sort of charity affair. That same objection was raised to our laundry and bath house, but it has all been overcome and we find there is no objection on that ground or to using the laundries, if they are within access of the people for whom we have established them.

Mr. Hartwig:—In regard to the factory district it is in what we call the valley of Richmond. Richmond is comprised of seven hills and this is between the hills, where a great many people live. There are four carlines that transfer just at our bath house. People from different sections of the city come down and get their transfers at that point and they have time to take a bath, use their transfers and go home. For that reason we are well located. At one time in my recollection this section of town was one of the best parts of Richmond, but now the people have moved away and this class of people are moving in and taking their places.

Dr. Hale: Don't the Russian Jews bathe on Friday?

Mr. Hartwig: They do—Friday for the Jews and Saturday for the Gentiles.

New York—By Horace C. Todd: On the Baths of Manhattan the following facts show the marked advancement in public bathing during the past year in the second largest city in the world.

Much has been said and written during the past decade concerning the origin and history of the movement for promoting hygiene, and while it is an interesting thing to know that the great principle of specific gravity was discovered when Archimedes jumped into a bath tub filled to the brim with water, found that the volume of water that overflowed was equivalent to the volume of his body, and ran down the street shouting: "Eureka" . . . yet, it is not these fascinating events of ancient history that are the vital things of this day of actual conditions.

In New York the congestion of great masses of poor requires definite attention along hygienic and sanitary lines.

During the year 1912 there were operated by the Borough of Manhattan, 12 Interior and 6 Floating Free Municipal Baths. While their capacity was not taxed to the limit except at certain periods of the year, yet 6,375,133 fre baths were given. This is an increase of nearly 1,000,000 over the patronage of 1911 of 5,400, 567 baths. It is quite probable that this patronage was higher than that of any other city in the world during that year. Of these baths, 4,760,683 were taken in permanent interior buildings and 1,614,450 in floating baths. The ratio of men to women was about 4 to 2½. During the month of July alone 100,-264 baths were given at Rivington Street, and on July 10th, 4,689 bathers took advantage of the showers at that building. During the month of July the average daily attendance was 3,234, or an average of 202 bathers per hour.

These figures show that the baths of the lower east side of New York claim to bathe a larger number of people than any other bath.

The Floating Baths were opened during the latter part of June, and remained open until the cold weather in October. In spite of the fact that the Health Department failed to approve the sites of six of our 1911 Floating Baths, the patronage for the remaining six during 1912 was nearly equal to that during 1911. Fortunately, the approved locations of the Floating Baths were those in the lower water fronts of the east side.

The average cost per bather during 1911 was a little over 4 cents, while in 1912 it was a little over 3 cents.

One of the most difficult problems which has confronted the City is that of persuading the people to patronize the baths. It has been found that while at certain periods of the year the baths are taxed almost to their capacity at other times the patronage falls very low, and this is undoubtedly due, first, to the ignorance of the people, and second, because there is no definite attraction held out to them.

In an effort to bring to the attention of the public at large the great opportunities for cleanliness offered by the City's bathing institutions, it was found necessary to commence a campaign of popularization. This was done in part by the distribution of many small pamphlets giving in brief detail the locations, rules and general data concerning baths. Arrangements were made with many of the societies and swimming clubs of the City whereby meets were held in various buildings; four large finely equipped gymnasiums located in the bath buildings were thrown open to the public, literature and photographs were sent to the various Child Welfare Exhibits, and every possible effort made to make the appearance of the buildings attractive and inviting.

Realizing that some attraction should be held out to the public at large in order to make them appreciate the necessity of regular bathing, plans and specifications for four large swimming pools have been drawn and work has already been begun on two of these—one at the Rivington Street Bath and the other at the Rutgers Place Bath. It is planned to open the Rutgers Place Swimming Pool to the public this fall. This pool, which is 54 feet long, 24 feet wide, and varies in depth from 2½ to 6½ feet, will hold approximately 44,000 gallons of water. Located as it is in the centre of a thickly populated district, it will serve as a means of getting many thousands of people interested in the bath itself, and in this way spread the gospel of cleanliness.

At Rivington Street the pool is in progress of installation and will be open this fall. It will be 60 feet long, 30 feet wide and the depth will vary from 4 to 8 feet. This pool will hold 80,000 gallons of water when filled and will be the second largest of the municipal tanks. Like the Rutgers Place pool, it is located in the midst of a tenement district.

With the opening of these four pools, it is hoped that the spirit of recreation which seems to appeal to the masses more than that of cleanliness will produce the latter.

For $56,000, a new site was purchased on West 28th Street near 9th Avenue, for the building of a new modern bath. This building, which will probably cost $240,000, will contain 158 shower rooms, a pool 60 feet long, 24 feet wide, with a depth varying from 3½ to 7½ feet, a gymnasium, roof garden and laundry. The plans which have already been submitted and accepted show that it will probably be the most complete structure of its kind in the City. The pool will hold 60,000 gallons of water.

Our friendly critic, The Association for Improving the Condition of the Poor, has written in its recent pamphlet on Public Baths: "That the present administration has probably accomplished more, and certainly as much as any previous administration in this City."

During the past year we have spent, in an effort to bring the baths to the highest possible standard, over $280,000. While it is true that there is a need for more baths in certain portions of the City, it has been found more advisable to put in proper and attractive condition the buildings which it at present has. Three years ago most of the bath houses were in a rather dilapidated condition and badly in need of repair. Shower doors were suspended by one hinge, marble seats and slabs were broken, the condensation of vapor on side walls had made them loose and dangerous, the buildings were greatly in need of paint, and there was everywhere an appearance of neglect. It has been with great effort and resultant expenditures that these defects have been remedied, and a point has been reached in the progress where the building of new baths is now a necessary step.

With the building of the new 28th Street Bath, the installation of the swimming pools and possible construction of other new baths, the prospect for 1913 and 1914 is very encouraging.

The Health Department has condemned most of our floating bath sites, and it is very likely that during the next few years it will be necessary to discontinue operation of the river baths. This will turn large crowds of summer bathers into the interior buildings, and the demand for increased accommodations will necessitate new institutions. It is also hoped that the distribution of thousands of our pamphlets during the next year and a continuance of our policy of popularization will so attract the population to the present buildings as to make new ones an absolute necessity. Many new changes in the method of operation of the baths are now being considered and will shortly be put in force. It is likely that in the course of the year new signs will be

placed in front of the buildings; an experiment will be tried with regard to furnishing soap and towels to the patrons, as well as the construction of an experimental laundry.

In conclusion, let me add a word of appreciation to those whose valuable suggestions have helped us to make the past few years rather distinctive ones in the record of municipal bathing. Many of these associations have submitted recommendations to us, and in several cases we have put their recommendations in active operation. By a more direct affiliation with such associations as this and a closer co-operation with the officials of other cities through meetings of this nature, we are bound to receive suggestions and help that will be invaluable in the operation of our individual institutions.

Question: What about the experiment in that 28th Street bath?

Mr. Todd: It is going to be a laundry for men to go in and wash their clothes.

Mr. Windolph: You spoke of making the baths more noticeable from the outside.

Mr. Todd: Our idea is to put an electric sign out that will show in black letters in the daytime and electric letters at night.

Mr. Windolph: I am responsible as one of the architects. The city went to a great deal of expense on the illumination for the interior and the exterior should attract attention at night.

To a question of Mr. Crane regarding the contamination of River Baths in New York, Dr. Hale replied: "We have never been able to trace any source of infection to these baths. We should provide the best water we can get. It is well known that in New York the hospitals take care to destroy the bacillus of typhoid fever, not allowing any to go into the water. And that is the most dangerous bacillus to be swallowed. This matter of taking a floating bath and making a tank in it looks pretty good; if you can work it out, and I hope you can. Dr. Soper put that question to Mayor Gaynor who referred it to me. If you must have salt water and have it purified, why not get it on shore where it won't be subject to so many adverse contingencies?"

Toledo—Mr. Ashley: Mr. Chairman, I represent a city that was awakened a few years ago by a man whom we called "Golden Rule" Jones. His worthy successor, Mr. Whitelock, has, within the last year, installed four open baths in the city, four plunge baths—open air—that have been located in the public parks and in the poorer districts of the city. My impression is that the purpose or the cause of the construction of these baths was primarily one of safety. Toledo is located on a peninsula and has bathing water on three sides and the mortality from drowning in these streams has been something frightful. You can imagine the welcome to our present mayor when he constructed last year four safe bathing places for the poor children. He has asked me to come here to-day, however, to ascertain what is being done by other cities in the way of providing facilities for these helpless people. I am glad to be able to take him a fund of information that I never anticipated having.

Trenton, N. J.—Mr. Mueller: No bath in this city.

Baltimore—Dr. Gichner: We have made progress both in the number of baths and in the facilities for bathing. Just now we have the contract given out for an additional swimming pool at Gwynn's Falls Park. We opened, last year, the bath at Greenmount Avenue, and there is quite a bit of work going on in the stimulating for bathing facilities in various places with the portable baths. We are attracting more attention and with that attraction we get the result of the building of a new bath wherever it is needed. The number of bathers has increased largely. We will show you at the various houses what we are doing to stimulate the number of bathers, how we stimulate the number of laundry users, and how we do in stimulating public opinion for the demand for baths. We send free tickets around to the various schools and districts and we give free baths in the morning. That is one way Richmond can get more bathers —give free tickets to the boys.

Mr. Cassidy: In Richmond every public school has a right to send their boys and bathe them free.

Dr. Gichner: We stimulate in that way a large number of bathers among the youngsters. We raise them up to the bathing pleasure.

Visitors may obtain one of the Baltimore books on the desk and also the annual report of this year, where you can see the progress made from the installation of these baths until now.

One part of our work is the outdoor

swimming pool where we give lessons in swimming. We employ a male and a female teacher. Our guards also, when they are not busy, teach the youngsters how to swim. Part of our entertainment is numerous aquatic sports participated in by the youngsters taught at our swimming shores. We try to co-operate in every respect with the Public Athletic League and Public Playground Association.

TUESDAY EVENING, MAY 13TH.

MEETING PRESIDED OVER BY MR. LEVERING.

Mr. Levering—We published the Governor's name as one of our speakers, but he is not here, having telegraphed and written me that he is unable to be present. We have, however, other speakers, and I am sure we will have an evening of interest and profit. Our first speaker is Dr. Baruch. Most of you know Dr. Baruch's interest along these lines, how he is called the father of this movement and how he has done such a large work educationally in New York and throughout the country, and so it is particularly appropriate that he is to talk to us on this subject. He is the president for this annual Congress for the Promotion of Hygiene and Public Baths. We are glad to welcome Dr. Baruch.

(*Dr. Baruch's Address appeared in the December issue.*)

Mr. Levering: We are indebted to Dr. Baruch for his stimulating address. He has certainly chosen a very good field in emphasizing school baths. Some of Public Bath Commission of Baltimore are here and they can testify that we have at times made a vigorous effort to have baths placed in the schools, but we have not made much progress. It may be that our commission needed a little of the stimulus which Dr. Baruch has brought to us. I thank him for it. I do not know whether we are ready to say to the City Council, "give us school baths, and we will give up swimming pools," and yet that is what the Doctor seems to advocate as being the greatest good to the greatest number, not only cleansing, but educating all our children. I hope, sir, your earnest advocacy will not be lost upon our own city.

The next speaker is known to us all. Ready and willing to lend a hand to every good work in our city. His name is a synonym for good citizenship. He is always intensely interested in all matters of health in the community, Dr. William H. Welch. It is always a pleasure at any time to welcome Dr. Welch to the platform.

(See page 7.)

Mr. Levering: In behalf of the audience Dr. Welch, I thank you for your interesting remarks. We have one with us tonight who tried to get away from Maryland but like a good lawyer soon came back again—Dr. Fulton, secretary of the State Board of Health, one of the earliest workers in the Public Bath Commission, will now tell us something that he has in his mind about this good work.

(See page 9.)

Mr. Levering: I would like to add a word or two. There are two other features to our work growing out of it. With our interest in the public bath question, naturally the sanitary aspect of such matters came under our observation, calling our attention to the fact that in Baltimore there was no response to the recognized need of public comfort stations. We had an exceedingly interesting history in our first attempts to inaugurate such an institution in Baltimore, but finally we secured a site on the old Market Space, demonstrating that the question of the selection of a site was a very considerable one. Growing out of that we have in the newer baths had similar facilities installed. The most recent movement in that direction has been the action of the City Council in advising the site for a comfort station on Louisiana avenue, which is the northern side of Lexington Market, and in a very short time we hope that will be in operation. It has been a longfelt want in that immediate neighborhood. That work is progressing. It takes time to educate people to any condition they have never been used to. It takes time, but as in the case of our baths, the more we have, the more demand we have in other parts of the city.

The other interesting feature is the outcome of the generous suggestion of Mr. Beadenkoff to this work. When our funds gave out (and he thinks he could distribute about twice as much money as we have) he tried to think what he could do and so he evolved what is known as the portable baths. For the small sum of four or five hundred dollars a little portable house is built and put at the intersection of certain streets, and it is allowed to remain there during the summer; then when the summer is over it is taken down and packed away until the next summer. It has been wonderfully successful, supplying localities where we did not have these baths. He has some pictures showing the children gathered around these places waiting for their turn. Mr. Beadenkoff will go down in history for having evolved the portable bath system. Our first efforts were rather crude. We had to take such material as we had, but they served the purpose and each succeeding year as it comes along sees an additional bath, until I think now we have five of them. There is a great demand in each of these localities that these baths shall be moved.

We are much indebted to the members of the association for coming to Baltimore and stimulating our interest, and we trust you will carry away increased interest in the matter yourself. Hoping the session tomorrow will be profitable, I thank you for your presence.

Mr. Beadenkoff: Just a word about the portable bath. Its orgin was not in my brain. It grew in a committee of which Mr. Eisenbrandt, Dr. Gichner, Dr. Sherwood and myself were members. I simply want to say that they should be given their due.

TUBERCULOUS ENTERITIS AS A COMPLICATION OF PULMONARY TUBERCULOSIS.

By Frank Neall Robinson, M.D., Monrovia, Cal.
late assistant medical director pottenger sanatorium.

Tuberculous Enteritis is here considered as a complication, rather than a primary affection. Not that primary tuberculous infection of the intestines does not take place, for it has been proven at autopsy by a large number of observers; but as such it does not here concern us. Secondary intestinal tuberculosis is a very common complication of pulmonary tuberculosis. Eisenhardt[1] in one thousand post mortems on tuberculous subjects, found it to exist in 56.3 per cent. Heixheimer[2] found it in 57 cases in 58 autopsies.

PATHOLOGY.

That we may have a thorough knowledge, more particularly of these symptoms and their variation and more easily arrive at a correct diagnosis, a thorough and comprehensive insight of the pathology, particularly the gross or macroscopical aspect is essential. All the mucous surfaces are not especially susceptible; for instance, the mouth, throat and oesophagus is much less liable to infection than the larynx and trachea; while the stomach, duodenum and bile ducts are almost immune, as is also the urethra. For in tuberculosis we are dealing with an organized ferment, and the character of secretion furnished by the stomach, duodenum and ductus, choledochus can readily explain the relative immunity furnished to these structures by their power of hindering the growth of the tubercle bacilli; and the oesophagus and urethra are favored, as the flow of food over the former and urine over the latter never lies dormant for any length of time. But how different in the small and large intestines, where sputum from the pulmonary involvement, having been swallowed, remains lying for a long time. And one is particularly struck with the predilection of certain intestinal areas to be the seat of attack. The ulcerations are not distributed throughout the intestinal tract; but they are found where stasis of the current of material undergoing digestion, which carries the tubercle bacilli, takes place—in the ileum, caecum, rectum, sigmoid, ascending and transverse colon, and at the flextures, in the order named. And quite frequently there occurs, with the involvement of the caecum, a concomitant tuberculous appendicitis. The ileum is the seat of most frequent infection in its lower half, involvement taking place in Peyer's patches and in the

1 Ueber Haufigkeit u Vorkommen d Darmtuberculose, Maug. Diss. Munchen, 1891.
2 Deutsch Med. Wochenschr, 1885, No. 52.

solitary follicles. These ulcers show many of the characteristics of typhoid ulcers, and lead in 5 per cent. of the cases to hemorrhage or perforation. They extend in the line of blood vessel supply and along the lymph channels, thence transverse to the long axis of the canal. To show the high percentage of ileum infection Fredricks[3] found this portion of the intestinal tract involved in 80 per cent. of his cases.

These ulcers are irregular in shape, the margins are red, the edges and bases are infiltrated, and caseous areas are seen studding the floor and edges. The involvement extends through the submucosa and muscular coat to the serosa, and military tubercles or a tubercular lymphangitis are often shown over this layer; the serosa is thickened from the connective tissue infiltration, and reddened, and the whole is covered with layers of fibrine in different stages of formation, with adhesions to the mesentery or to loops of intestines. In this type, called the "ulcerative" or "circumscribed" one will find all gradations of changes from cicatricial tissue to ulceration—papules, then pustules, then ulceration, then cicatricial tissue and finally (in some cases) repair; but most frequently they heal only partially and show a tendency to extend in one direction while cicatrization occurs in another. (It is the repair that causes the constriction of the gut, with its concomitant symptoms.) In fact, here in the intestines the tuberculous infection bears a striking resemblance to the same infection in the skin; there is always a breaking down going on as repair takes place.

In infection of other portions of the intestinal tract, we have a second form, as well as the "ulcerative" type to deal with, known as the "hypertrophic" or "tuberculous granuloma." This usually attacks the caecum, the sigmoid and lower portion of the descending colon; and it is frequently diagnosed as a sarcoma or carcinoma on account of its tumor like feel, and of the cachexia which accompanies it. As it is usually found with a quiescent pulmonary lesion, nature here has thrown out a large amount of connective tissue, so that the surrounding tissue may be defended from the further encroachment. In this variety the greatest infection is believed to have taken place in the submucosa; and here instead of ulceration with breaking down alone, there occurs an immense deposit of fibrous tissue, with tumor formation and with the characteristics of new formed connective tissue—contraction, followed by stenosis. This contraction is most marked in the ileo-caecal valve area, because greatest shrinkage takes place at this point, and the valve itself is usually involved in the process. This is frequently spoken of as the surgical type, and our knowledge of it is comparatively recent. Conrath[4] and Durante (1890) were the first to call attention to the resemblance and the difference between carcinoma and tuberculous tumor of the caecum. Later (1891) Billroth, Salzer[5], Pilliet and Henri Hartman all agreed with Conrath upon the tuberculous character of the tumor in question.

Tuberculosis, no matter where located, excepting in the meninges, is practically never fatal, unless secondary infection has taken place. And it is remarkable how great is the reparative capacity the intestines have when infected with tuberculosis, notwithstanding the constant opportunity for this secondary infection. Here as in any portion of the anatomy, the part played by this secondary infection is an important one. The resistance of the various serous tissues to the tuberculous infection differs, the greatest being found in the peritoneum, the least in the meninges; but the minimum of absolute repair is to be found in the intestinal mucosa. And when one stops to consider how nature provides other organs with resistance against the invasion, it is strange she has not gone a step further and given the same power to the intestines; for it is a well known fact that the mucosa of the bladder and the stomach will both repair themselves, but the intestines never without proper aid.

Remembering that this pathological picture is one of tuberculous infection only, we must take into consideration also that at the same time we find associated with it all grades of simple catarrhal inflammation, such as are due to pathological changes in function and mechanical irritation and to the consequences of dietetic errors. These catarrhal affections, associated as they are with follicular and glandular inflammation, with erosions and ulcerations, favor the infection with tubercle bacilli; and if they do not exist, tubercular

3 Bertrage Zur Leher von der Tuberculose, Marburg, 1382.

4 Brun's Beitrage zur Klin Chirurge. Bd. XXVI, Heft. 1, 1898.

5 von Langerbeck's Archiv. Bd. XLIII.

infection will not take place. For otherwise we would find enteritis to exist in all our cases of pulmonary tuberculosis; since there are few patients who do not at some time, no matter how careful they are, unconsciously swallow their expectoration. These factors can readily be understood if we consider the important fact that intestinal tuberculosis makes its appearance most frequently in the advanced stages of pulmonary tuberculosis; I do not remember a case in my experience where the disease occurred before the advent of expectoration.

CAUSES.

With this knowledge of the pathology of the disease, let us consider the factors leading up to this infection. Those who have done much work in gastro-intestinal diseases in the tuberculous, must have been struck with the high percentage of those suffering from gastroptosis, dilatation, atony of the stomach and hyper-acidity, with constipation alone, or alternate constipation and diarrhoea.

If we exclude pastroptosis (which is, no doubt due to the loss of weight and the fatty structures naturally helping to support the stomach and kidney), we are struck by the fact that in the other affections we have those factors which prepare the way for the infection. In dilatation we have loss of motility as well as lack of secretion, both of which favor the infection; and as both gastroptosis and dilatation, in those cases affected with pulmonary tuberculosis, have an atony of the whole gastro-intestinal tract, we find constipation a further factor; and still considering these secondary affections, with those factors I have already mentioned, we have a partial digestion only of the food taken, with its secondary changes of fermentation in the starches and sugars and putrefaction of the meats, eggs and milk consumed. And we have yet another factor to consider—the thirst of these patients, owing to the low grade inflammation of the whole of the gastro-intestinal tract and the temperature most of these cases are carrying. Such patients are great water drinkers, which propensity tends further to weaken the already lowered secretion, and to increase lack of motility by mechanical means. One will find few of these patients where "splashing" over the stomach cannot be elicited at almost any hour of the day. In 1908[6] Boardman Reed and I brought out the prevalence of these conditions as a primary factor in pulmonary tuberculosis and showed in that report that 88 per cent. of our cases suffered with the lower border of the stomach at, or below the umbilicus; and in twelve of those cases it rested on the pelvic organs.

All suffered with constipation primarily, 76 per cent. continued to suffer with constipation, 10 per cent. complained of constipation alternating with diarrhoea, 10 per cent. suffered with diarrhoea with tuberculous infection in the bowels, 2 per cent. with diarrhoea; but no tuberculous infection could be demonstrated in the intestines, and only one case showed regular bowel movements. This case had, however, shown marked improvement.

This report covers only a series of 133 cases seen in four and a half months, and includes only those examined because they complained of gastro-intestinal symptoms; no doubt a larger percentage would have been found who had derangement of these organs, but without sufficient symptoms to attract their attention, had we continued our investigation over a longer period and to all patients with pulmonary tuberculosis.

SYMPTOMS.

Having considered the pathology, with its varied character of gross changes, and its various location of involvement, it must be evident that the symptoms vary also, depending on the severity of the involvement and its location, as well as the character of the infection, (ulcerative or hypertrophic). Therefore I will first consider the symptoms of purely "medical" cases; and then those of the so-called "surgical" variety. And here let me say that the conservative surgeon is to-day markedly careful of operating on tuberculous enteritis; and after an exploratory incision and the true diagnosis made is returning many of these cases to the phthisio-therapeutist for treatment. In involvement of the ileum and ileo-caecal region, we may have no well marked symptoms. But pain will usually be found to exist especially after a meal, when peristalsis is at its height; this pain is localized to the lower right quadrant of the abdomen, and if this portion be palpated, tenderness or pain can be elicited. The pain is more marked as cicatricial contraction takes place and the tenderness on palpation is increased, with muscle rigidity. We will also find gas distention of the bowel and splashing of liquid; diarrhoea

[6] Southern California Practitioner, Nov., 1908.

may be present, but formed stools will be found to be the order. As contraction takes place we have formed stools quickly followed by a liquid evacution. When the ulcerative process becomes extensive we may have a typhoidal state—with dry tongue, constant thirst and wandering delirium with extreme emaciation.

It is in these cases that we see the tuberculous appendicitis. But here let me call your attention to this form, so that it will not be mistaken for an acute attack. The symptoms of an acute attack of appendicitis are pain, nausea, and vomiting, local sensitiveness, elevation of temperature and leucocytosis; and any deviation in the order in which these symptoms make their appearance, precludes the possibility of an acute infection. (We at times see almost this same type of appendicitis in typhoid fever.) In tuberculous appendicitis the symptoms are pain, and local sensitiveness; the nausea and vomiting are absent (or very slight indeed); elevation of temperature (above whatever course it has been running), is absent; a leucopaenia exists. Perforation usually takes place from the ulceration causing this form of appendicitis; but the general peritoneal cavity is not infected, as it opens in a cavity previously closed off by adhesions.

When the ulceration affects the ascending colon and caecum, diarrhoea is the rule, accompanied by pain followed by tenesmus; and as the ulceration becomes more severe, blood and mucus can be found on macroscopic examination with occasional hemorrhage. The number of stools vary from three to ten (sometimes more) in twenty-four hours, thin and watery mostly, but sometimes of a semi-solid nature, with an odor varying from musty to fetid, most of these passages occurring after ten or eleven P. M. and beginning to become less frequent in the early morning hours, about 4 A. M.; some of these passages are followed quickly by others which may be of small amount.

When rectum and sigmoid are ulcerated, diarrhoea is not a prominent symptom, but may be found occasionally; formed stools are the rule, but rectal pain is prominent and blood is usually found coating the passage with more or less mucus attached. Tenderness over the sigmoid on palpation, and rigidity of the muscles in the lower left quadrant, will be found.

Frequently we have ulceration in several of these areas at the same time, and some of the symptoms of the involvement of one area may be masked by the effect of the ulceration being greater in the other. The "surgical" or "hypertrophic" type carries with it a different train of symptoms than those with which we have just been dealing, here symptoms seldom make their appearance until obstruction begins to take place and here the train of symptoms first described by Goenig[7] are all prominent.

During an attack the abdomen is distended with gas, and the peristaltic movement of the bowel is visible over the ileocaecal area and for some distance around it; gurgling and splashing sounds are heard over the lower half of the abdomen, most marked in the valve area; pain, gradually ceasing, accompanies the attack; the gurgling subsides, the abdomen flattens, and the attack ends. Now a tumor mass can be made out, extending along the bowel, having no definite outline, but extending irregularly over a considerable area. Blood and pus are seldom found in the passages in this form, and the bowels are frequently constipated.

DIAGNOSIS:

Here we must consider four methods of procedure in order to arrive at a correct diagnosis of the "ulcerative type."

1. Physical,—consisting of inspection of the abdomen and its palpation, for muscular rigidity and tender areas, coupled with the symptoms enumerated above. 2. Chemical,—consisting of a chemical examination of the feces for "occult blood" and of the urine for the diazo reaction. 3. Microscopical,—examination of the feces for tubercle bacilli. A few tubercle bacilli in the feces point more to sputum having been swallowed; but where a number can be found scattered throughout the specimen it is without doubt enteritis infection. 4. Bacteriological,—if in doubt, by animal inoculation of the feces for Tubercular infection.

In the "hypertrophic" or gurgical type the diagnosis is made mostly by exclusion. The commonest form of intestinal tumor, for which this type of tuberculous enteritis is mistaken is carcinoma; but if in examining these cases, the following points will be considered, a mistake will seldom be

[7] Deutsche Zeitsche f. Chirurge, Bd. XXXIV, 1892 S. 65.

made. First the fact that it occurs in those suffering from a pulmonary lesion (occasionally a bone lesion), hence is usually found between the age of 18 and 35 years, as a rule too early in life for carcinoma. Its course is of a chronic nature, no well defined tumor can be palpated, but in its place an irregular tumor-like mass extending along the course of the intestines, with the marked symptoms of stenosis. Tubercle bacilli may be present in the stools, if ulceration has taken place, but pus and blood seldom; and the diazo reaction will usually be present. Of marked importance is the fact that these cases are seldom without fever.

TREATMENT:

First, there is the dietetic; secondly, the therapeutic. Much of the comfort to be given these patients depends on the character, amount, and preparation of their diet.

As we have seen the larger percentage of cases are affected in the lower portion of the ileum and from this area to the rectum, we should therefore include in our diet only those articles largely acted upon and absorbed above these points and of which the residue and the chemical change is minimized; this on first thought is a comparatively easy matter, but remembering the facts that I have endeavored to make prominent, viz:—that we have all degrees of catarrhal inflammation to deal with, as well as Gastroptosis and Atony in most of these cases, it becomes a difficult problem.

DIETETICS:

Before endeavoring to lay down a strict course of diet for these cases, I examine for gastroptosis and gastric motility; and I follow this by a microscopical examination of the feces, for digestion (by the method of Schmidt) of meat, starches and fat, then I set a sample of feces in the fermentation tubes (Schmidt modification of Strasburger's) in the incubator to determine whether fermentation or putrefaction material is in excess. Following this I examine the urine, quantitatively, for indican, to check up in case of putrefaction in the Schmidt tubes. If the microscopical examination of the feces shows excess of meat, starches or fat, that particular article of food is ordered only in small quantities in the diet.

If my fermentation tubes show that putrefaction has taken place, and the urine shows high indican values, the meat, eggs and milk products are diminished and the urine watched for the decrease in the indican. My method for quantitive estimation of indican, is to use the number of drops of a saturated solution of chlorate of potash, necessary to decolorize the solution after the addition of HCL & Hypochlorite of soda and before the addition of the chloroform; although this can be accomplished just the same after the addition of the chloroform.

If my tubes show that fermentation has taken place, rather than putrefaction, I immediately decrease the sugars and starches to as low a quantity as is consistent with the case, and then gradually increase again, making another test with the tubes in the course of a few days or a week. With this data at hand I am ready to prescribe the nature of food to be taken as well as the quantity and the intervals at which this food is best handled by the individual. Most of these stools took place during the night (from 10 P. M. to 4 A. M.) and to obviate this annoyance we regulate these feedings so that they become lighter as night approaches. As to the character of food best suited for these cases: As we are forced to "balance" the diet, although most of these cases are not ambulatory and can continue to do well on a diet of fairly low caloric value, we must endeavor to find maximum quantity the individual can handle without aggravating any of the symptoms that are so distressing (pain and diarrhoea). I begin with comparatively small amounts and increase as rapidly as possible, while maintaining the same intervals, until the number of passages begin to increase, without increasing the pain; then I omit one of the intervals of feeding, usually the last at night, and if this does not diminish the number of evacuations, begin to decrease the quantity at each feeding, before omitting another interval.

I believe it is well to arrange the articles of diet in order for my readers, so that they can be the more easily remembered; and for this purpose we will begin with the liquids, which consist of meat broths, liquid peptenoids, samatose, barley water, rice water, panopeptone, bread soup, albumen water, and cream and seltzer water, in equal quantities. A glance at this immediately shows those forms which are necessary for "balancing"—proteid, carbohydrate and hydro-

carbons. Then we have semi-solids, as gelatine flavored (with meat juices or flavored extracts), soft boiled eggs, poached eggs, egg custard, curds and whey, force with cream, corn flakes with cream, purees of vegetables, butter, raw eggs. Here also will be found proteid, carbo-hydrates, and hydrocarbons. And last we have the solids, as: scrapped or minced meat or fowl, steak or chops, fresh fish, lettuce with oil, asparagus tips, baked potatoes, steamed rice, zweiback and stale bread.

All fruits and pastry must be excluded as well as those vegetables leaving a residue, such as peas, beans, corn, etc. Water, either plain or some of the carbonated variety may be allowed in such quantities as seem needed for the relief of thirst.

It can readily be seen that by this arrangement any of these classes of foods may be used alone; or a combination of them may be arranged to meet the requirements of the case. Where diarrhoea is the prominent symptom, the liquids only are to be allowed, in such quantity and at such intervals as the case will permit, alternating albuminous fluids with the carbohydrate variety and feeding as much of the fats (cream and seltzer) as seems necessary to increase the caloric value, up to the maximum the patient can easily assimilate.

Where the diarrhoea is being controlled or is absent, or a period of improvement is at hand, semi-liquids and solids may be added. Where diarrhoea is not a prominent symptom, a full combination of these classes of foods may be used, watching closely for any signs of irritation to occur, as increase of gas or pain.

The intervals at which feeding should take place depend on the severity of the case. My own preference is to begin the first feeding at 8 A. M. and in the severe diarrhoeal varieties, feed every two hours up to 8 P. M., allowing nothing excepting water after that time until the next morning. Where the diarrhoea is not so severe, I endeavor to arrange two meals, one at 8 A. M. and one at 12 M., consisting of semi-solids and solids, and at 10 A. M., 4 P. M., 6 P. M., 8 P. M., feed the liquids. The amount at each feeding is guided entirely by the individual, from one to three ounces of liquids in those cases where diarrhoea is a prominent symptom, up to six to eight ounces if the patient can handle that amount without over-feeding being manifest.

Where the meals are allowed, I arrange the breakfast to consist of one of the forms of dextrinized cereals as: Force or corn flakes with cream, soft boiled eggs, poached eggs, toast with butter, a scrapped meat cake; while the noon meal will consist of puree of some vegetable, chop or piece of steak, fish, fowl, baked potatoes, lettuce, asparagus tips, curds and whey or egg custard, alternating the vegetables from day to day, not allowing more than one each meal until the passages become formed. The quantities of the different substances are also limited at first to small amounts, watching the effect on the symptoms formally complained of as well as the passages, and the temperature; increasing them gradually as the case seems to demand.

THERAPEUTICS:

Here a wide range is open to us, for we have to deal with tuberculous and catarrhal inflammations, besides atony and lack of secretion; (and in many cases, gastroptosis as well), with pain and gas accumulation.

If Gastroptosis is present, I have found Rose's belt of adhesive plaster to meet the requirement better than a woven belt, for these patients are usually emaciated and the woven belts make pressure on the hips rather than support the sagging organ.

For the relief of pain, and the accumulation of gas, nothing gives the satisfaction which comes from the application of hot compresses. I order Turkish towels wrung out of boiling water, applied as hot as the patient can stand, to the whole abdomen for a half hour to an hour, three or four times a day, these hot towels to be covered by a piece of blanket or rubber sheeting, after these are removed a Turkish towel wrung out of cold water is applied for ten minutes.

We must relieve and cure, if possible, the concomitant catarrhal inflammation. To accomplish this, nothing I have ever used has been as satisfactory as ichthalbin and tanalbin combined with small doses of podophyllin in the following proportions:

Ichthalbin
Tanalbin, aa zijss
Podophyllin, Gr. ⅛
Met ft in chartae No. xxiv Sig. One after each loose movement.

And with this, small doses of castor oil, fifteen drops, night and morning, to aid in controlling the diarrhoea.

For the tuberculous infection, tuberculin stands out as our only hope of cure. In

1891 Paul Goodman exhibited six specimens of tuberculous intestines that had been healed before the Pathological Society of Berlin. Virchow, the greatest cellular pathologist of that time said he had never before seen tuberculous ulcer of the intestine that had fully healed. All of Goodman's cases had been treated with tuberculin, but had died of pulmonary tuberculosis; however, one shudders to think of the manner in which tuberculin was used at that time. Shortly after this period, tuberculin fell into disuse and it required many years to become again one of the greatest of our means of treating this dreaded disease. For the method of use of tuberculin, I refer my readers to a former paper, published in the Monthly Cyclopaedia and Medical Bulletin, Sept. 1911.

The treatment of the surgical variety depends on the surgeon's knowledge of the underlying tubercular condition; if the lesion is circumscribed and there is no involvement of the peritoneum and no adhesions, resection is to be done. But should the peritoneum be involved or adhesions present, an operation in which this area is side tracked by the formation of an artificial anus, is best, and this procedure is only justifiable where there are marked symptoms of stenosis, and the patient suffering from marked secondary infection symptoms, such as high fever and sweats.

Those cases of tubercular enteritis, with peritoneal involvement and adhesions, if operated on by resection, with end to end or side to side anastomosis, will invariably fail to heal and be left with a fecal fistula.

In these cases they had better be let alone, for tuberculin, combined with proper dietetic and hygienic measures, will accomplish more for them than the surgeon.

HER BABY DIED.

THE hour for the funeral had arrived and neighbors were coming in to the services. The dead baby lay in a little white coffin lined with white satin, was dressed in white, and flowers in profusion decorated the room and testified to the sympathy of the neighbors.

The preacher made a short prayer, uttered a few comforting words, a song was sung, the little baby was borne to the white hearse by four young girls in white, and the procession moved toward the cemetery.

The baby had died from intestinal disorder induced by wrong feeding, yet the preacher had said—"The Lord giveth and the Lord has taken away." The doctor told how it all happened. "That baby," said he, "was born strong and healthy. The mother nursed it for weeks, but finding that nursing interfered with bridge parties and other social affairs provided a bottle, and when she was absent, her aunt, who lived with her, fed cow's milk. This irregularity of breast feeding soon lessened the amount of the mother's milk and she concluded she would cease nursing entirely. The child seemed to do well on the bottle for a while, but it soon became evident that something was wrong. One time I saw the mother give a piece of rich pie crust to her baby and I warned her against doing so. She told me she found the infant liked coffee and a little was frequently given to it. And so, despite my medicines and my warnings in regard to feeding, the child's digestive apparatus gradually broke down. An old grandmother told the mother that it was natural for babies to throw up. Another one prescribed soothing syrup which contained morphine. Another one recommended anise seed cordial, and so it went; the young mother being willing to depend upon drugs and remedies but would not practice prevention by feeding rationally: When the digestive machinery was put to the bad the baby finally took dysentery and died." Continuing the doctor said—"I had three infants die of pneumonia last winter, simply because the mother would not give them air enough. In spite of my instructions that plenty of air made babies strong and protected them against colds and coughs, still they would cover their babies' faces with veils and napkins keeping the life-giving air away. The foolish idea," said the doctor, "which seems to exist everywhere, that fresh, cold air is injurious, must be somehow extracted from the minds which hold the same or else pneumonia dead babies will always be with us."—Dr. J. N. Hurty, in the *Monthly Bulletin* of the Indiana State Board of Health.

HOW THE HOUSEWIFE'S LEAGUE MEETS THE HIGH COST OF LIVING.

When one woman doesn't get what she wants there is very likely to be trouble; imagine how cyclonic things would be if three-quarters of a million women shouldn't get what they want. That number of women make up the *Housewife's League*. Nowadays some women want some things it is hardly good for them to have; but what the *Housewife's League* wants it is unquestionably good for everybody to have. The *New York Times* tells how less than two years ago five women met in Mrs. Julian Heath's home in New York just to discuss formally among themselves the way food prices were climbing; the result is an organization to-day approaching the million mark. Every housewife subscriber to The Gazette (which is strong for the League's objects—fair prices, clean shops, pure food and efficiency in marketing) should apply for membership—active membership in that organization, to the end that its membership shall be several millions, at least. Why join this League? Following are some reasons:

Many markets, many grocers now display the sign *"Owing to Sanitary Reasons Merchandise Will No Longer Be Displayed on the Sidewalk";* the grateful thanks of the patrons of those shops are due the Housewife's League. Then there is the League's inspection work, by which it is determined to obtain the objects above stated. Its members, in demanding the clean shop, say "We buy food in your place. We have the right to know that, so far as you are concerned, it is clean food." So "shop inspector's report" blanks are issued to League members. A member or a committee of members go after a recreant shopkeeper, with chastening intent, examine his place and fill out the blanks. Some 25 points are covered, ranging from light and ventilation to the condition of the clothes and hands of the salespeople. On the evidence of this report the shop gets a percentage which any inquiring woman may learn. A shop receiving 85 per cent. gets the League's endorsement and its sign to that effect. (The endorsement of a million or so women is surely some advertisement.) Shops receiving 75 to 85 per cent. are marked "acceptable"; but they have to improve even on that or they will get not even this comment. The best thing to do is to try for 100 per cent.—no unattainable ambition; there are not a few 100 per cent. stores. Of course any storekeeper can refuse such an inspection; but this does not appear to be a well-calculated attitude.

GOING AFTER THE FACTORIES, TOO.

The inspection reports cover only the shop and the stockrooms, not to the quality of the goods sold in them. The League proposes in time to extend its inspection to the makers of food products and to rate them also for cleanliness and purity. And in many cities and towns throughout the country the members of this League are working steadily and persistently for reforms big and little. In Providence, R. I., there has been an egg campaign, and others against improper labeling, illegal weighing, failure to meet advertised prices and for a terminal market system. In Buffalo they have been waging fruit, egg and milk campaigns; the members have bought co-operatively securing such bargains as the best apples delivered at the home for $1.20 the bushel, potatoes at 80 cents the bushel, "large, luscious Florida grapefruit" at 4 cents apiece and much else at corresponding prices. The Portland (Maine) league wasn't a month old before it started a "sanitation and cost" campaign. In Toledo, Ohio, the league began by asking the City Council to change the new city market from one kept solely for commission men and merchants into a market open at all hours to retail buyers. The Louisville, Ky., associated housewives are demanding that all fresh meats be screened; and their placards "This Grocer Screens His Meat" are provided all deserving dealers. In Yonkers the housewives are persuading the grocers and marketmen to keep butter, cheese, bread,

pastry and the like under glass; and to transfer vegetables from low bins and other floor receptacles to elevated stands out of reach of floor dirt and animals. (By the way, the League won't stand for rats and mice in any establishment—positively not!) In Lexington, Ky., where icemen discontinued the practice of weighing the ice, the housewives have contended that if drivers were to guess at the weight, the customers should be allowed to guess at the bill. In San Francisco the league are urging housewives to do their marketing in person and to abandon the telephone habit. In Flushing, New York, the housewives had a fine clean-up campaign against flies and mosquitoes. In Ithaca, New York, the slogan is "Every Housewife an Inspector"; and they are working for a simplified delivery system, so that merchants will give the consumer the benefit of this reduction in his expenses.

And think of what Detroit, Mich., is doing: Its several thousand League members are divided into chapters, each with its separate officers. The chapters meet once a fortnight to exchange information and opinions. Members are given the names of milk dealers who will furnish them with good pure milk at 8 cents the quart, the dairies furnishing this are all inspected regularly by members of the Milk Committee. And members are furnished with grocery lists from which they may order at wholesale prices plus a small percentage for delivery. Members wishing to buy dry goods (house dresses, children's garments and so on) can get them from the manufacturer (whose factory is inspected by a committee); any article wanted by a number of the members is ordered by them direct from the factories, cutting out the profits of from one to five middlemen. And they can get a discount on goods sold by a famous pure food house that carries only the best products, which it sells below the usual retail prices. Members are furnished with the names of farmers who will sell them direct all kinds of produce. They require bread to be wrapped in paper for sale. They inquire into the conditions under which women and children work in canning factories. They pay a "visiting housekeeper" to go into the tenements and teach "home making." They co-operate in a movement to prevent the sale of live stock that has been crippled, frozen or strangled in shipment.

The Oranges in New Jersey (all of them) have now a housewives' legal committee. In Charleston, S. C., two of the League members are on the City Market Commission; one of their activities is fighting for non-poisonous matches. And men are wanting to join; and why not, since they are eating (and sometimes paying) for a good share of the food these housewives are buying. In St. Paul the League have decided to let men come in. And a monthly magazine is being published by the League—a very good and interesting one, too; and a permanent housewife's exchange is being contemplated for New York.

The ground floor will have a large room, with a huge blackboard across the rear wall. Behind this will be a telegraph office and a bulletin operator. On this board will be posted the prices of various products, with comments. In the basement will be a shipping room. When produce is being withheld from market by commission merchants the farmers, poulterers and dairymen will be invited to ship their products direct to this exchange. One of the most important features of this exchange will be a laboratory for testing food as to possible impurities.

The womenfolk of to-day are disposing of their surplus energy in ways more or less excellent, such as were not dreamed of in their grandmothers' philosophy; there can be no better way of doing this than by joining a housewife's league and really working in it.

Honor to Whom Honor is Due. Domestic servants in France who can prove that for thirty years they have been good and faithful, are entitled to wear tri-colored ribbons in their buttonholes. Who more worthy? There are plenty of people preaching the gospel service; all honor to those who are preaching that gospel every hour in the day. (And whilst thus honoring servants let no one forget the homage due their mistresses; for what praise can suffice for a housewife who has so treated a domestic that the latter has been contented in her service during thirty years!) *Harper's Weekly* relates that a new order instituted by laws passed this summer is now being enlisted—the *Order of Distinguished Domestic Service.* "The plan is a credit to a nation already famous for ideas that combine practicality and sentiment. That humble service may assert a legal claim to a sphere of rank and distinction sounds like a corollary to *noblesse oblige.*"

RURAL SANITATION.

COUNTRY SLUMS.

ALTHOUGH half the people of the United States live in the country, more efforts have been made for sanitation in cities than in the country. This is because the crowded condition of cities compels attention to public health. There are slums in the country as well as in the city; and the former are just as much as the latter breeding places of infection dangerous to the whole people. Countrysides where ignorant, shiftless inhabitants settle and neglect the conditions of health form the rural slums.

Intelligent rural neighborhoods, states Dr. Walter M. Coleman, in his fine *Handbook of the People's Health,* give to our country its most vigorous citizens; but rural slums supply a greater proportion of the inmates of insane asylums than any other class of people except the very rich in cities. A health survey of one western county showed the farm homes within it were worse ventilated than the homes of the largest city in the same state, and consumption was as frequent in this county as in the largest city. An examination of the stock of the country stores in villages in malarial districts of two different states showed that two-fifths of the shelf room was taken up with patent medicines. Attempts to keep in health by the aid of patent medicines give a fair measure of the lack of sensible efforts toward the same purpose.

In the country the annual death rate for each 100,000 people is as follows for several diseases: Tuberculosis, 136; intestinal diseases, 121; bronchitis and grip, 90; pneumonia, 83; diphtheria, 17; whooping cough, 12; scarlet fever, 8; measles, 8. The country death rate is increased and the city death rate is lowered because so many sound, healthy people move from the country to the city.

Because so little community of interest is felt in the country, greater personal responsibility rests upon the head of each household. Public sanitary control is hindered by the isolation and independent mental habits of the former. In country slums a farmer sometimes even gets angry because his child is excluded from school. Progress is best gained by appeals to the intelligence of educated citizens, and by the spread of education.

Official supervision of public health is needed everywhere. Sanitary districts should not be laid out according to settlement unless the population is sparse, but according to watersheds and drainage. The people of the districts may elect district health officers who will pledge themselves to carry out the orders of the county health officer. The district officers in convention choose for county health officer one who has passed the examination required by the State Board of Health, or one who has a diploma in public health preventive medicine.

NOT FOR PRACTICAL PURPOSES.

Dr. W. P. Barron, Carmona, Texas, writes: We have in this section among the negroes a new church called the "Church of God." They teach footwashing as a divine ordinance, the non-use of wine for the sacrament, not to drink wine, grape juice, or to eat grapes, raisins, etc. A few days ago they had a grand pow-wow, which I attended. They had many candidates for baptism and foot-washing and I suppose the presence of white people must have also impressed the fat negro preacher who presided. In announcing the hour of these ceremonies for the next day, he said, "I want you niggers to be shore and understand that this here feet-washing is ceremonious, it ain't practical, and I wants you to come here with them feet of yourn clean."—*Jour. Am. Med. Assn.*

THE LEISURE HOUR.

HISTORY, PHILOSOPHY, FICTION, HUMOR, SATIRE, POETRY.

LEISURE HOUR WAS FOUNDED IN THE BELIEF THAT THE PHYSICIAN IS BUT HUMAN; THAT HE LOVES THE BEAUTIFUL IN THOUGHT AND SENTIMENT AS EXPRESSED IN LITERATURE, AND THAT HE IS AT TIMES OVERFEITED WITH TECHNICAL MATTER. SHORT, CRISP CONTRIBUTIONS ON ANY OF THE SUBJECTS NAMED IN THE SUB-HEADING ARE INVITED TO THIS DEPARTMENT.

DIE and depart, Old Year, old sorrow!
Welcome, O morning air of health and strength!
O glad New Year, bring us new hope to-morrow,
With blossom, leaf, and fruitage bright at length.
—CELIA THAXTER, *Atlantic Monthly.*

THE ORIGINAL AVIATOR.

To scale the empyrean is altogether in keeping with the passion of humankind for mastering its environment. The liking, not only to contemplate the ether, but also to be in and of it, is as old as our glorious race—at least as old as mythology, which is a true and graphic record (unburdened by such superfluities as exact dates and details) of human deeds and human proclivities.

No reasonable mind doubts that there was once upon a time a man and his son (called for convenience Daedalus and Icarus), who set about inventing a flying machine. They were imprisoned on an island; the father reasoned that his captor could control the land and the sea, but not the regions of the air. "I will try that way," declared this antediluvian Wright. So he fabricated wings for himself and for his son by fastening feathers together (avers the veracious Bullfinch), beginning with small ones and adding larger, so as to form an increasing surface. The larger ones he secured with thread, the smaller with wax (there was the mistake); and gave the whole a gentle curvature like the wings of a bird.

The work done, the superb artisan, waving his well-wrought pinions, found himself buoyed upward; and was able to poise himself on the thuswise beaten air. Next he likewise equipped his son; and taught him how to fly, as a bird tempts her young ones from the lofty nest in the air. Icarus was warned to keep to a moderate height; "for if you fly too low the damp will clog your wings, and if too high, the heat will melt the wax. Keep near me and you will be safe." Thus together they flew off; and as they flew the plowman stopped his work to gaze and the shepherd leaned on his staff and watched, astonished at the sight, and thinking they were gods who could thus cleave the air.

But the boy, exulting in his flight, began to leave his parent's guidance and to soar aloft, as if to reach heaven. And this was his undoing. The nearness of the blazing sun softened the wax, as the father feared; and the "unfaithful wings" came off. He fluttered with his arms, but no feathers remained to suspend him in the air. Rushing headlong through "the affrighted air," his cries to his father were submerged in the Blue Aegean.

How futile, in considering human nature, were it to make any distinction of eras, as of ancient or modern. So long as our environment has been as we know it, the Promethean tendencies of our race and its splendid aspirations, have been all of a piece. For the ill-fated Icarus read any one of dozens of names that have in recent years been most pathetically recorded; for the ancient plowman read the modern farmer (who has been known, shameful to state, to point a hostile weapon); for the shepherd read the man of affairs gazing in amazement from his office window; for the melting wax read detached rudder, or broken propeller or gasoline given out; for the affrighted air, read that terribly treacherous medium through which, all unaware, the aerial adventurer (how perfect soever his precautions) drops nevertheless suddenly

hundreds of feet, like a shot fowl; for the headlong rush read the turning-turtle: and you have practically the description you will read almost any summer morning over your coffee and rolls.

No matter what the philosopher has to say to the contrary, man persists in the presumption of holding the cosmos to be anthropocentric; aviation is prompted by the same unquenchable spirit which determines to find the poles, to plant the magnificent human foot upon the loftiest peaks, to probe twenty thousand leagues beneath the sea—that spirit which may, conceivably some generations hence, be doing things to Mars.

The adult ambition of aviation is but the ideal of a child's fairy tale come to maturity and made real. The race has ever yearned to ride on the wings of the morning, the better to see the glories of the universe. Byron struck home unerringly, when he wrote of clouds in a moonlit sky:

"Bespangled with those isles of light,
So wildly, spiritually bright:
Whoever gazed upon them shining,
But turned to earth without repining;
Nor wished for wings to flee away
And mix with their eternal ray."

Man has indeed an instinct for the stars—among them lies his idea of perfection; the church steeple is symbolic of the human arm stretched yearningly heavenward. In such aspiration man defies and despises consequences; in its pursuit he freely gives both life and limb—as has for almost a decade past been so often and so dreadfully demonstrated.

We imagine, however, the birdman, aloft, is not thinking such things as these, is not quoting poetry to himself. Of course sentiment aplenty is stowed away somewhere among the subliminal strata of his consciousness, else he wouldn't be a birdman; but for the time being he is vastly busy with things eminently practical—the right chugging of his motor, the tricks of the atmosphere, the tri-dimensional steering he has to do. And when he comes down from his eagle flight he does not express himself in beautiful figures (at least has not been so reported) but asks instead most urgently for a cigarette, a sandwich and a mug of something substantial. Nevertheless, his deeds are worthy commemoration in the most imaginative and the noblest expressions conceivable by those whose less notable business it is to make such records.

"The Ploughboy," by Madison Cawein, in "Minions of the Moon" (Stewart & Kidd):

A lilac mist makes warm the hills,
And silvery through it threads a stream:
The redbird's cadence throbs and thrills,
The jaybirds scream.
The bluets' stars begin to gleam,
And mid them, whispering with the rills,
The morning-hours dream.

The ploughboy Spring drives out his plough
A robin's whistle on his lips;
And as he goes with lifted brow,
And snaps and whips
His lash of wind, a sunbeam tips,
The wild flowers laugh, and on the bough
The blossom skips.

The scent of winter-mellowed loam
And greenwood buds is blown from him,
As blithe he takes his young way home,
Large, strong of limb,
Along the hilltop's sunset brim,
Whistling; the first star, white as foam,
In his hat's blue rim.

THE doctor is a good fellow. His living depends on our getting sick, yet he cheerfully tells us how to keep well. We call him up at 3 a. m., tell him the baby has the colic, and if he doesn't do a tango for our place immediately, we hold it against him all our lives. After he has worked with the little fellow the rest of the night and a part of the day and has gone home and pursued the even tenor of his way for a couple of months and then he happens to mention to us that we owe him a couple or three dollars, we go up in the air and ask him how in the dickens he expects us to pay him before fall. In the fall—some fall—we swap him a runty calf or make him "take it out in trade." He spends his whole life trying to find out what is the matter with us and how to cure us, and we know more in a minute than he would in a thousand years, and we tell him so—at least we tell the neighbors so. If a patient gets well we attribute it to his vigorous constitution; if he fails to recover we put a dent in the doctor's reputation. All of which the doctor seems to consider only a part of his business, and serenely goes about trying to keep us out of the churchyard and himself out of the poorhouse.—Chandler (Okla.) *Tribune*.

REALISM IN WHITMAN'S POETRY.

By Lewis Dayton Burdick.

The career of Walt Whitman was a singular one. Few poets have been talked about so much while living, or have been more scathingly condemned, and none have had more valiant defenders. To a considerable extent the literary world has been divided into two hostile camps in relation to him and his works. No other American poet has been so severely criticised as he was by one of them, and to the other, there has never been any really great poet but him.

"Leaves of Grass," Whitman's chief work, as first made up, was published in 1855, when the author was thirty-six. It consisted of a series of poems dealing with current interests and discussing social, moral and political conditions. This volume was extravagantly praised by many English admirers. Ralph Waldo Emerson commended it as containing "incomparable things incomparably said," but when later a more complete edition of it was published in Boston the Massachusetts authorities objected to its sale on the ground of its immorality.

"Who else," said Edmund Clarence Stedman in speaking of the loyalty and devotion of Whitman's friends, "has held even a few readers with so absolute a sway?" Mr. Stedman had himself received a first prize for his poem on "Westminster Abbey" several years before the publication of the first "Leaves of Grass," though he was but twenty-two at this time. Having received marked attention and appreciation as a poet of high rank later, he was also celebrated as a critical writer of ability who wrote interestingly and sympathetically of his fellow writers in verse and of their works, whose opinions, for their candor, learning and graceful expression, received always the highest respect, if not entire approval.

The contrast in the individuality, taste, poetic forms and literary ideals between Mr. Stedman and Walt Whitman is so apparent on a little reading and comparison of their respective works that one would not look for the former to give the seal of his approval to the more conspicuous realism of the latter; and it was to Whitman's "too anatomical and malodorous" "Children of Adam" that Stedman attributed the public distrustfulness of the poet, which threatened banishment for him from select collections. That virility may be bred from, and a weakling race made strong by, rankness and coarseness, this poetic-critic declined to concede.

As upon all other questions raised over the peculiar characteristics of Whitman's writings, there is a wide difference of conclusions as to whether his cataloguing realism was the outcome of natural eccentricity or the result of studied affectation. The former may be endured, the latter is not without protest tolerated.

The body of Whitman's poetical production is extensive, and the greater part of it may be classed as realistic, yet the few occasional poems that have most reached the hearts of the masses, for which he may, perhaps, eventually be best remembered and most loved, are those less conspicuous for their realism. It is, however, in those in which realism is most accentuated that the merits, or demerits, as the case may be, have been found, that have given him his widest publicity, on account of which, he has been both ostracized and honored. Will this distinct characteristic, repelling and offensive as it sometimes seems, give the author permanent fame and literary immortality?

The following lines are from the well-known "Children of Adam":

"O my body!
I believe the likes of you are to stand or fall with the likes of the soul, (and that they are the soul),
I believe the likes of you shall stand or fall with my poems, and that they are my poems,

Man's, woman's, child's, youth's, wife's, husband's, mother's, father's, young man's, young woman's poems,
Head, neck, hair, ears, drop and tympan of the ears,
Eyes, eye-fringes, iris of the eye, eyebrows, and the waking or sleeping of the lids,
Mouth, tongue, lips, teeth, roof of mouth, jaws, and the jaw-hinges,
Nose, nostrils of the nose, and the partition,
Cheeks, temples, forehead, chin, throat, back of the neck, neck-slue,
Strong shoulders, manly beard, scapula, hind-shoulders, and the ample side-round of the chest,
Upper-arm, arm-pit, elbow-socket, lower-arm, arm-sinews, arm-bones,
Wrist and wrist-joints, hand, palm, knuckles, thumb, forefinger, finger-joints,
Finger-nails,——
O I say these are not the parts and poems of the body only, but of the soul,
O I say now these are the soul."

If it be said that this passage is an exceptional one and is not to be taken as a symbol of the whole, it may be granted, but it is also true that none of the most censurable and objectionable features of this poem are included in these lines.

But from Whitman the incomprehensible and eccentric, one turns with delight and admiration to other lines of the good gray poet, in which, as in "Old Age's Lambent Peaks,"

"The touch of flame the illuminating fire the loftiest look at last,
O'er city, passion, sea—o'er prairie, mountain, wood—the earth itself;
The calmer sight—the golden setting, clear and broad,"

the divine spark pressages immortality, for through them we perceive, as he says,

"The delicate miracles of earth,
Dandelions, clover, the emerald grass, the early scents and flowers,
The arbutus under foot, the willow's yellow-green, the blossoming plum and cherry;
With these the robin, lark and thrush, singing their songs—the flitting bluebird;
For such the scenes the annual play brings on."

Happy the man who with him can sing:

"But as life wanes, and all the turbulent passions calm,
As gorgeous, vapory, silent hues cover the evening sky,
As softness, fulness, rest suffuse the frame, like freshier, balmier air,
As the days take on a mellower light, and the apple at last hangs really finish'd and indolent-ripe on the tree,
Then for the teeming quietest, happiest days of all!
The brooding and blissful halcyon days!"

THE BEGINNING.

WHERE have I come from, where did you pick me up?" the baby asked its mother.

She answered, half crying, half laughing, and clasping the baby to her breast:

"You were hidden in my heart as its desire, my darling.

"You were in the dolls of my childhood's games; and when with clay I made the image of my god every morning, I made and unmade you then.

"You were enshrined with our household deity, in his worship I worshipped you.

"In all my hopes and my loves, in my life, in the life of my mother, you have lived.

"In the lap of the deathless spirit who rules our home you have been nursed for ages.

"When in girlhood my heart was opening its petals, you hovered as a fragrance about it.

"Your tender softness bloomed in my youthful limbs, like a glow in the sky before the sunrise.

"Heaven's first darling, twin-born with the morning light, you have floated down the stream of the world's life, and at last you have stranded on my heart.

"As I gaze on your face, mystery overwhelms me; you who belong to all have become mine.

"For fear of losing you I hold you tight to my breast. What magic has snared the world's treasure in these slender arms of mine?"—From "The Crescent Moon, Child-Poems" (Macmillan), by Rabindranath Tagore, translated from the original Bengali by the author.

DIAGNOSTIC VALUE OF DREAMS.

Freud's psychanalysis is to psychism what the microscope is to the tangible, pathological lesion; it is a revelation of the mind; a turning of it inside out. The method is especially applicable to the border line cases of mental aberration, to cases of patients not obviously insane nor fit to enter asylums or hospitals, but such as are seen in ordinary practice and are found in clinics and dispensaries—neurasthenics, psychasthenics, hysterics, sufferers from mild forms of the functional psychoses (not conditioned on structural nervous lesions), at worst the half-mad (*les demi-fous* of Grancher). Freud's method is not for the management of neuropathic degeneration; but it is on the contrary limited by it. "If one wishes," he has declared, "to take a safe course he should limit his selection to persons of a normal state. Psychoses, confusional states and marked (I might say, toxic) depressions are unsuitable for analysis, at least as it is practiced to-day." [1]One must consider also the patient's age: the youthful are excellent subjects; but the patient after fifty lacks on the one hand the plasticity of the psychic processes upon which the therapy depends (for the elderly are no longer educatable), and on the other hand the material which has to be elaborated. In the elderly the duration of the treatment is inversely increased. Nor can one expect to become a proficient psychanalyst after the Freud method who has not mastered at least his theories of the neuroses, his interpretation of dreams, his sexual theories and his psychopathology of every-day life. Another essential is that physician and patient shall be absolutely en rapport: one may get excellent results in surgery without seeing the patient's face; but psychanalysis presupposes and requires intimate relationship.

Psychanalysis may begin with an investigation of the patient's dream life, because dreams afford reliable information concerning the individual, and invariably show some relation to the symptoms. Dreams play a very important part in the individual's psyche. Brill's procedure is to have the patient write down his dreams on awakening. Then the dream is analyzed. Thus is the physician helped not only in the interpretation of symptoms, but also in diagnosis and treatment, to the end that fears, delusions and obsessions may be relieved and removed, by a demonstration of their inception and their absurdity.

Brill considers that psychanalysis is the only system of psychotherapy dealing with the neuroses as entities; herein it differs from the management of symptoms merely, as by hypnotism, suggestion and persuasion. Psychanalysis always concerns itself with the patient's personality, probing into the deepest recesses of the mind; and only by this procedure (believes Brill) "that we can hope to gain a real insight into the neuroses and psychoses, a thing of prime importance in the study of mental prophylaxis."

Brill concludes then, concerning the analysis of dreams, that: Dreams are perfect psychological mechanisms, having a definite meaning and containing a wish fulfillment. Every psychotic symptom is the expression of a former mental occurrence and symbolically represents a wish fulfillment. The repression of the unconscious is at the basis of both the dream and the psychotic process. Dreams are the product of the unconscious and hence afford the easiest access to the exploration of the neuroses.

[1] Brill, A. A., Psychanalysis, Its Theory and Practical Application. (Saunders, Phila.)

The The Three Gifts of Life. A Girl's Responsibility for Race Progress, by Nellie M. Smith, M.A., Lecturer for the Society of Sanitary and Moral Prophylaxis, New York, with an introduction by Thomas D. Wood, A. M., M.D., Professor of Physical Education, Columbia University, New York. Dodd, Mead & Company, 1913. Three things women can do to help the race progress: seek the best in themselves; demand the best in men; and teach little children how to use their gift of choice. The author, in this excellent book, considers sanely and sympathetically how womankind may attain these gifts sanely—which cannot be said of a great many present day publications on the rather overworked subject of sexual hygiene.

BOOK NOTICES.

HYGIENE AND SANITATION. A Text-Book for Nurses. By George M. Price, M.D., Director, Joint Board of Sanitary Control; Director of Investigation, New York State Factory Commission. 12mo., 236 pages. Cloth, $1.50, *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

In preparing this text-book Dr. Price handles clearly and concisely a group of subjects with which he has long been conversant as a practical worker and an author. His earlier writings, "A Hand-Book of Sanitation," "Tenement House Inspection," and "Epitome of Hygiene and Public Health," have proven his fitness for the task of selecting the essential elements of the science of Hygiene and Sanitation, and presenting them in a form acceptable to the trained nurse and the general reader.

The book is most appropriately dedicated to Lillian D. Wald, "The pioneer of public health nursing in the United States, and the foremost advocate for the extension of the scope of the nurse's work." He declares that the nurse has "become one of the most important conservators of human life, and her role in the prevention of disease and premature death cannot be overestimated." That he has given the nurse an admirable aid to her work in this role is amply proven on every page of his book.

The author is eminently successful in presenting a complete survey of his subject in such a compact form because he has eliminated all that is not hygiene and sanitation. He does not cumber the pages with details of anatomy and physiology, nor does he tell the nurse how to care for her patients who are sick in bed. He strips his subject of all irrelevant matter. Beginning with the hygiene of habitations, the importance of good housing conditions is made very clear. Ventilation and plumbing are treated with considerable detail. The pages on dust, dirt and housecleaning ought to be read every day by beginners in the art of housekeeping until they get the habit of regarding their functions in the same light as the author. Why, he asks, should women gather the dust and filth of the streets upon their skirts and bring it into our "sweet homes," and why should not all of us follow the custom of the "benighted Orientals" and remove our dirty shoes when coming within our clean houses? The hygiene of foods receives its full share of attention and the whole subject of milk and dairy products is given the prominence that it demands to-day. A chapter is devoted to schools, and the functions of the school nurse are given in detail. Municipal hygiene and the effects of occupations upon health are treated in a practical way, of special service to nurses whose work brings them into relations with employers or officials of the municipality. The chapter on personal hygiene presents the essential principles underlying right living and gives a good epitome of the art of prophylaxis.

We are safe in saying that no other book contains in such readable form a complete and reliable treatment of the many subjects that are correlated and taught in Dr. Price's latest volume.

OBSTETRICS FOR NURSES, by Joseph B. De Lee, M.D., Professor of Obstetrics, Northwestern University Medical School, Chicago. New (4th) edition. Philadelphia and London. W. B. Saunders Company, 1913. Cloth, $2.50 net. This book, dedicated to "The woman about to become a mother or with the newborn infant upon her bosom, whenever she bears her tender burden," is intended primarily for nurses. But medical students will find it valuable also, since a nurse's duties often devolve upon the medical fledgling in his early years of obstetrical practice. The fourth edition is now before us; in it both text and illustrations—the latter being many, graphic and most instructive—have been thoroughly worked over. Several subjects have been added—on the after care of fistular operations, Momburg's treatment for hemorrhage and blood transfusion, whilst the all-important section on Infant Feeding has been revised by Dr. F. X. Wells.

THE TAINT, by Henry B. Hallen, Ph.G., M.D. The Open-Eye Publishing Co., Chicago. This book exposes the dangers of venereal disease; and the author has gathered many facts which should be known. The consulting room of the family practitioner is, however, by far the best place in which to acquire the information.

NURSING DEPARTMENT.

EDITED BY FRANKLIN W. BARROWS, M. D.

THOUGH WIDELY DIFFERING IN FUNCTION, THE ULTIMATE AIM OF THE NURSE IS THE SAME AS THAT OF THE PHYSICIAN, THE RELIEF OF SUFFERING AND THE SAVING OF LIFE. CULTURE, HELPFUL INFORMATION AND A BETTER UNDERSTANDING OF RELATIONS, LEADING TO AN INTELLIGENT CO-OPERATION IN THIS COMMON AIM, ARE THE OBJECTS OF THIS DEPARTMENT.

IDEALS IN PRACTICE.

Life and literature need the inspiration which idealism quickens and promotes.—A. B. Alcott.

PRACTICAL is the magic word to-day. There is so much to be done and it all has to be done so soon that we have no use for any one but the "practical" worker. We want "practical" books, journals, sermons, schools and practical people to do all our work. Is not the "practical" nurse still in vogue?

Now there is no objection to the practical worker; indeed he is a most comfortable being to rely upon when you have any difficult labor to be done; but if he is merely practical he is like a machine, he is no better than so much work per day.

If, on the other hand, the worker is an idealist and while he works is looking steadfastly toward his vision of THE BEST he is much more than a machine—he is inspired, he is acquiring that rare accomplishment which we call culture. Work is ennobling and no amount of work can deprive the toiler of his portion of culture. It is not the work that prevents us from rising above the working level, but it is our own sad lack of ideals. If we look merely at the material results of our labor we lose all the inspiration and nobility that ought to accompany any work well done; our occupation is just a "job."

This is why the practical person is so often superficial, with no depth of knowledge and no height of ambition—insipid and uninteresting because deficient in ideals and inspiration.

"The best thing in every noble dream is the dreamer himself," says Conway. Through the cherishing of his ideals he engages in a nobler and more permanent work, "he is part of the organizing force of the universe," and his own life becomes sweeter and more dignified.

If you would live your own life and not merely the life forced on you by circumstances, if you would cultivate your spiritual nature and not leave its development to chance influences, do not stifle your dreams of the ideal.

HAS THE NURSE FALLEN FROM HER PEDESTAL?

SOME months ago we printed a letter in which a "practical nurse" makes rather serious accusations against graduate nurses as a class. At last a trained nurse has come to the rescue and we are glad to refer our readers to her letter in the Correspondence columns. Criticisms continue to appear however, and it would seem that many members of the profession once idolized in popular thought are conspicuously lacking in those ideals that every profession should cherish. Let these quotations speak for themselves. The *Critic* (London) says:

> Many of these so-called trained nurses are ignorant and arrogant, and not a few of them are insidious adventuresses. It follows that they are noisy and tactless, for they simply regard their patients as pieces of furniture. Anyone who has had any experience of the inside of a hospital knows what fiends in human form these creatures are. They are positively inhuman in their treatment of suffering patients, and it is not going too far to say that their conduct constitutes a grave scandal.

The *Pall Mall Gazette* is not at all behind its contemporary, as this declaration shows:

> It would be as reasonable to describe cooks as a noble body of women who go through the world seeking to feed the hungry as to describe nurses as devoted women seeking to relieve human suffer-

> ing. Each is, in most cases, a girl with no means, trying to earn her living. . . . Ask leading London doctors for their opinion. I have heard them describe nurses as "perfect fools," "fit only to be kitchen-maids," and so forth. And the lay public frequently describe them to each other as "she-devils," which is, of course, very vulgar and exaggerated.

The *British Journal of Nursing* finds in these diatribes a strong argument for the state registration of nurses, and naturally takes the ground that many if not all of the criticisms are warranted by the facts as they exist in England. The *Journal* says editorially:

> When one calls to mind the many women one has known who have devoted, and are devoting themselves to the care of the sick one feels hotly indignant at such strictures, but we must remember that nurses themselves are much to blame for such attacks. Their predecessors won for them the reputation and honorable position in public estimation they received, and the special duty devolving upon this generation was to carry on that work a step further and to demand protection by registration and organization, of competent nurses, and their differentiation from quacks who pose as and bring disgrace upon the members of a profession to which they do not belong.
>
> A faithful minority have accepted and done their utmost to discharge this duty, but owing to the negligence of many nurses in shirking this responsibility whether from indolence, apathy, or self interest, numbers of women who are ignorant, incompetent, or criminal pose as nurses, and the public estimate the genuine article largely from their acquaintance with the spurious one, so that it is possible for nurses to be described in the Press in the terms we have quoted above without exciting even a ripple of protest in return.

In alluding to these affirmations a correspondent of the *British Journal of Nursing* makes the following somewhat frenzied observations:

> It is no good pretending nurses are popular as a class; they are not. I have been a private nurse for many years, and have been compelled to work with many ignorant and unscrupulous women. The marvel is how so many certificated nurses can be as ignorant and unmannerly as they are. The training in many hospitals must be far from high-class. I have recently been visiting a patient in one of our largest country hospitals, and just to sit and watch how things were done—the slap-dash methods, noise, and general lack of discipline made me shiver. I longed to complain, but feared to make mischief. What sort of nurses can be turned out of such a place? No wonder the public uses strong language when subjected to their handling. The Sister had no "h's," nor had her subordinates. The Staff Nurses talked of the Visiting Surgeon as "the old cock." Probationers gave and removed bedpans without covers, preparing dressings between whiles! Knives and forks were kept in wooden lockers, being wiped on newspaper and returned to the locker unwashed. In making beds, the sheets and blankets were pitched on the dusty floor. The system of washing the patients was a mere lick-and-promise, the nails never being attended to, and the food was badly cooked and carelessly served. Everyone shouted, and stumped about in clumsy shoes and banged doors. If I had been ill and in pain I think "She-devil" would have been the description I should have been inclined to give of some of these uncouth women. The worst of it was that everyone (excepting the poor patients) appeared quite satisfied with the system, and I was informed "Matron objects to Registration, as it would place all nurses in one standard, and stultify all real progress"! I wondered what an expert Nursing Inspector would have reported of the standard of nursing in practice at this terribly-mismanaged institution.

If registration will cure these ills we ought all to pray fervently for registration. The GAZETTE believes in registration and knows full well that it is a policy calculated to improve the standing of nurses as members of a trained profession. But we have always maintained as we do now that no amount of registration or other legislation will keep the profession in good standing with a long suffering public. Because registration "helps business," to use a trade expression, it does not necessarily confer sweetness nor ideal faithfulness on the R. N. And that is the reason why some very good people would just as soon or rather employ a "practical" nurse in their homes. How does this thing look to Americans, who have had the benefits of registration for several years? The article by Dr. Kenerson, which we print in this number of the GAZETTE shows how the matter is viewed by a surgeon who has had practical experience in meeting the problem of the small hospital. Further insight into this unsavory question may be had by reading the following thoughtful editorial which we quote in full from the *News Letter*:

> The more one travels about the country and talks with people who employ trained nurses, whether private individuals or other nurses at the head of hospitals or nursing associations, the more one is impressed with the faults of the trained nurse. One would expect to find her self-forgetful, energetic, ready to allow for inconveniences, but she is, as a rule, very far from this. When the nurse superintendent of a hospital says that nothing would induce her to try to run a hospital

in which all the service was done by graduate nurses, one feels what a pitiful state of affairs it is. Here is no ignorant public that expects more than anyone who knows conditions has a right to expect, but one who herself has been through the mill and knows the possibilities. And why would she not, could she not, run a hospital with wholly graduate help? Is she unjust to consider the task impossible? Unfortunately no. The average graduate is so set in her own way, so sure it is the only right one, that she will not conform to another's way, however good, thus making anything like uniformity of method among the force impossible. She will not take orders from another nurse, though that nurse is in a position over her. She is exacting as regards hours for duty and time-off and inconsiderate of the patient's comfort and the matron's convenience where they interfere in any way with what she considers her rights. Luckily there are nurses who are free from these faults, but it is astonishing how many possess them, serious as they are. The nurse who accepts a position liable to entail night duty and then refuses night calls, is little worse than the one who refuses any case where her night's sleep will be interrupted. Both are thinking more of their own comfort than of that of the patient or the person for whom they work. In a recent book on hospitals, referring to the training of the nurse, the statement is made that the nurse in private practice needs much waiting on and generally upsets the household into which she comes. Though this is not always the case, any one must recognize its general truth. The criticism the trained nurse gets nowadays is unfortunately founded on actual experience and each individual nurse should watch herself carefully and see that she does not in any way afford grounds for criticism. For it is what the individual members of the profession do that gives the trained nurse her character in the public mind. A nurse may say: "I do not count. I am only one and will do as I please. It cannot affect any one but myself." Alas, it affects all her sister nurses very seriously. So long as she is a trained nurse, her character reflects upon that of the profession. Theoretically, or ideally, the trained nurse has all the virtues in the calendar. Practically, however, she has them only so far as each nurse exercises them.

Another criticism of the trained nurse is that she has no use for the attendant and cannot even see the field that exists for less highly trained service. Yet plenty of people cannot afford the fully trained nurse except in time of very serious illness, and oftentimes the trained nurse is not anxious to go into these households, feeling that services are looked for that do not lie within her province. And yet she seems to begrudge the employment of the attendant or untrained nurse and is not willing, when she meets her, to give her any information that will help her. Let her consider well, however, the real need there is for some one to go into the homes of the middle class for a less price than the trained nurse and help with housework and the children. If she considers the subject dispassionately, she will realize the need and be ready to help rather than hinder its fulfilment.

MENTAL HYGIENE FOR SCHOOL CHILDREN.

By Miss Anna L. Vind, R. N., Brooklyn, N. Y.

Mental Hygiene or the science of retaining in health that part of man which we call the mind, is spreading among the people of all civilized countries. Beside the hygiene of the body, it is that knowledge which everybody should possess to a marked degree. There is no question that many cases of nervous prostration might be prevented, if the symptoms were watched in time, and there is also no question that the mind of many persons is abnormal, which is shown in their behavior and in their opinions on common subjects.

Mental Hygiene then should tend to keep the human mind normal, that is, prevent it from becoming deranged, be it ever so little. In order to fully realize this ideal no little labor is required.

We may, for all practical purposes, liken the human body to a delicate mechanism, as, for instance, a very delicate watch, which, when correctly treated, should keep correct time; the watchmaker being in this case the physician and his assistant the nurse.

As man in his grown up state generally keeps the habits which he has formed as a child, it is essential that good habits be early and properly formed.

We will imagine that we are treating here of the average child who is living with its parents in moderate circumstances.

No doubt the very first thing to bear in mind is the old saying: Mens sana in corpore sano, i. e., no healthy mind without a healthy body. It is beginning to dawn on people more so than before, that in order to be healthy a child should be born healthy. This, however, is not always so, as yet. Nevertheless one must make the

best of what one has. Obviously the most essential thing in the hygiene of the body is good air and cleanliness, and next the correct time allotted to work and recreation, and the time allowed for sleep. A very important part also plays the diet.

AIR.

The proper ventilation of school buildings and homes of the children is of primary importance in retaining the health of the child; also the spending of vacations and the time out of school in the open park or country air, if anyways possible.

CLEANLINESS.

Cleanliness means cleanliness of the whole body, and daily. There can be no question as to the daily bath being beneficial although now and then a scientist claims it to be too much of a good thing, However, a daily removal of the dirt and opening of the pores appears to be better than a weekly forceful removal by means of hot baths or other baths of similar nature. Be that as it may, cleanliness is the first thing to keep the body healthy and consequently the mind which depends upon the body.

WORK AND RECREATION.

A child's work in our time consists mainly of studying the elements of knowledge. This work being mostly of a sedentary nature, effectual counterwork is absolutely necessary, which we very properly call "recreation,"—a new creation of muscle and nerve cells. Unnecessary to say, this recreation or play should be conducted in the open air if possible and should be what it is intended to be,—play, i. e., work for children.

Another form of counterwork is manual labor, namely carpentry work for boys and cooking or similar work for girls, such as caring for their infant brothers and sisters, which has proven very interesting to the grown up girl. Gymnastics and dancing in proper garments also belongs to this category.

SLEEP.

Man has a tendency to methodize everything, so as to set a certain hour for his meals, a certain hour for rising and a certain hour for retiring. There is probably no question that to a certain degree this is correct, but as no two persons are alike, one can certainly overdo this thing.

As to a certain hour for retiring, and in the case of a child an early hour, there can be no question that this observance is to be recommended, but the number of hours for sleep must be left to the need of the individual child. One may probably say that a child should sleep until it is fully rested, that is until it is fully awake, but no longer. This would hardly be less than 10 hours. When we consider that the brain of a child is so much more at work than the adult's, we must come to the conclusion that it needs more sleep, since only the brain rests during sleep. To let children lie awake in bed is a practice which cannot, in my opinion, be too severely condemned.

As in the case of recreation one might say that common sense is the best guide to retaining the health of a child; but then common sense is rather with most persons "uncommon sense," i. e., it is rare.

DIET.

To prepare a good meal, when one has at one's disposal a good cook and an allowance of a goodly sum for household expenses, is probably not very difficult, but it becomes more so when the allowance is slight. However, with good judgment and some instruction it can be done well enough. My mother used to say, if I am permitted to relate it here, one must cook with the heart. And that is indeed a true saying. The heart cooks well and thoroughly, and the rest can easily be learned in any good cookbook.

This country is greatly favored in producing almost any vegetable which can be grown; and vegetables and fruits should in my opinion be freely used, with a reasonable amount of good meat, which has been kept away from flies and upon ice. A good bread is very essential, and is not easily to be had in our country. Ice cream and candy should not be given.

This may probably be all that is necessary to be said on this subject in a general way.

MENTAL HYGIENE PROPER.

Homework.—It is a common practice on such subjects to give a number of "don'ts," but seldom any "do's." And in fact one cannot well get along without any "don'ts." The first thing which one thinks of when discussing the mental hygiene of a child at school, is the amount of homework which a child is compelled to perform, and which in most cases is rather too much. It appears to be a reasonable demand to recommend as little homework as possible. It

certainly dwarfs the elasticity of the youthful mind and brings nothing but harm.

The curiosity of a 7 year old child is greater than that of a 12 year old one, naturally, but only too often the latter one appears to be no more curious at all. In this case his mind has been stuffed like an overfilled stomach.

The great thing therefore seems to be to retain the childish mind in such a condition as to always keep it curious. The way of doing this, one might profitably learn from Rousseau's Emile; it is by not answering questions, but by giving questions to questions or by letting the childish mind work out its own question. But this is rather outside the sphere of a nurse.

BOOKS.

Another thing here to be considered, is the amount of reading and the kind of books to be read by children. The kind of books are selected by libraries and persons well acquainted with the need of the child, and we may hope well selected; the amount must be decided on by parents, and this should not be difficult. No reading by artificial light should be allowed, since the number of children wearing eyeglasses is already so great as to set every thinking person aghast. A greater danger than bookreading is the reading of a bad newspaper although one may hope that the silliness of some newspapers passes through the mind of a child almost unnoticed.

MOVING PICTURES.

Much is said and written about moving pictures, the delight of every child. Taken as a whole, the pictures presented are certainly nothing to be proud of, but then, they will be better some day.

Good pictures seen and properly explained should prove a great benefit to children, whose eyes are more awake than any other of the senses. One thing, however, has always struck me as peculiar, that the apparatus itself is never explained to children, nor are they brought to ask for any explanation. It is as with the telephone, which everybody uses, but few persons know the working of.

EXAMPLE OF PARENTS.

The example of parents as to industry, methodical habits, tidy appearance, proper language and all the many things which a child is only too ready to copy is of the utmost importance. There are, however, not many parents who are not aware of this fact.

Much more might be said on this important subject.

The foregoing discussion may be understood as being held between a nurse and a mother, along this line, but in a more detailed manner.

ORTHODOX JEWISH CUSTOMS IN THEIR RELATION TO THE NURSING PROFESSION.*

By Rabbi Leo Franklin, Detroit, Mich.

It is axiomatic that, next to a knowledge of the technical details of her profession, the greatest need of the nurse who shall attain to real efficiency in her work is sympathy with her patient. I do not, of course, mean by this that soft emotionalism which runs to over-indulgence, nor yet the employment of sweet and honeyed words where sternness is needed to bring a patient to terms, but by sympathy I mean an understanding of the mental attitude of the patient and of his environmental influences that go to shape that attitude. In these days when even the most conservative of medical authorities are conceding the value, within limits of course, of certain forms of mental therapeutics, no lengthy argument should be necessary to establish this fact as fundamental. A disregard of it may almost invariably explain the utter failure of some otherwise proficient nurses to deal satisfactorily with cases of illness in the homes of the foreign elements that form so large a portion of the population of our great cities to-day. In the case of the Orthodox Jew this is particularly noteworthy. Due to religious customs which, through long usage, have become part of his very life, but which are strange and peculiar to her, the patient is frequently unresponsive to the best-intentioned offices of the nurse who, in the goodness of her heart, is doing the very things which, from the nature of the case, must be absolutely repulsive to her patient. In order that a closer bond of sympathy between the nurse and her patient of Orthodox Jewish faith may be established, it shall be my purpose

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in this paper to deal with some of the more important ceremonials practiced by the Orthodox Jew, which have a more or less direct bearing upon the nursing profession. In doing so, I trust that you will understand that I am in nowise censuring the nurse for her misunderstanding of these customs and conditions. From the nature of things she has had no opportunity of learning about them, and they remain a Chinese puzzle to her. Nor do I forget the added difficulty that confronts the nurse in dealing with a patient whose language she cannot understand. Added to all the other hardships and responsibilities of the nursing profession, this is one that may not be lightly passed over. The most obvious solution of this difficulty would be that a sufficiently large number of women, consecrated by a love of the work, who themselves have sprung from the ranks of the Orthodox Jews, should be induced to enter upon the profession of nursing as a life work, but that is undoubtedly a dream, the realization of which will come, if at all, only in the very remote future.

Before taking up in detail the ceremonies that have a bearing upon the problem of the nurse, it is well to draw a clear distinction between what I have called the Orthodox Jew and the Liberal or Reform Jew. The Orthodox Jew is he who tries to observe the very letter of the Biblical law, and who recognizes the binding authority upon him of the traditional or Rabbinic law. The Reform Jew, on the other hand, lays little stress upon the letter of the law, but tries to observe its spirit. This distinction may become clearer to you if I illustrate it through an example. In the sixth chapter of the book of Deuteronomy, following the remarkable passage "Hear O Israel, the Lord our God, the Lord is One!" we come upon the verses "Thou shalt bind them (namely, the foregoing words) as a sign upon thy hand and they shall be as a guide before thine eyes. And thou shalt write them upon the doorposts of thy house and on thy gates." Now the Orthodox Jew, through a ceremonial known as putting on the philacteries, actually does bind the words cited in the foregoing verses of the chapter, upon his head and upon his arms, the passage being written upon parchment and encased in a little leathern box which being attached to straps made for the purpose, are daily bound, as I have said, upon the head and the arms, thus literally carrying out the mandate of the Bible.

The Reform Jew, on the other hand, realizing that such could never have been the meaning of the lawgiver, interprets this noble passage of Scripture to mean that the words of God should ever be a guiding force in the life of men, directing their eyes to truth and their hands to helpful work. Similarly, the Orthodox Jew interpreting the verse "Thou shalt write them upon the doorposts of thy house" actually does write these words upon his doorpost and you may see them there as you pass into his home, encased in a little tin or wooden box and nailed upon the doorpost. The Reform or Liberal Jew, however, disregarding the letter of the law, as having no significance, holds the passage to mean that God's words shall become an inspiration in every household, that every hearth shall be a shrine where love is the ministering priest.

Now it goes without saying that in the home of the Reform Jew or the Liberal Jew, the nurse will meet with none of these problems that naturally confront her when she enters the home of our Orthodox brethren, whose religious life is very largely a structure of ritualism, formalism and ceremonialism, that to her unaccustomed eyes seems very strange and grotesque, and sometimes even weird and ridiculous. In passing judgment upon it, however, we must not fail to recall that to the foreigner many of our customs seem very strange. I remember hearing a young Chinaman, a splendid musician, at the University of Michigan, say in explanation of the weird character of Chinese music, that to him our great American and European orchestras sounded, until he understood the principles of harmony as worked out by us, merely a medley of the most grotesque and unappealing sounds. To enter sympathetically then into the mental attitude of another, we must know something of the principles upon which that other's life is builded.

I have said that the Orthodox Jew attempts to carry out the very letter of the Bible law. Now something ought to be said, I believe, in regard to the sanitary value of certain laws of the Bible in the light of our modern knowledge, for there are many enthusiastic lovers of the Bible who maintain that not a few Biblical laws, especially those contained in the dietary legislation of the Bible, were intended primarily—if not entirely—as sanitary regulations. With this conclusion I for one take issue. While undoubtedly it seems to be true that those who wrote the portions of

the Bible in which the dietary laws are contained, had a considerable knowledge of certain food values, it can scarcely be maintained that they made their rulings in regard to the prohibited foods purely on hygienic grounds, for were this the case how shall we explain the fact that certain kinds of food which they prohibited to the Jew, they permitted them to sell to the non-Jew for consumption as food? It is perfectly obvious that these laws were laid down not as sanitary, but rather as religious regulations, and that their health value was secondary and perhaps even altogether unknown to the legislators. In one respect perhaps the ancient Biblical law-givers did have a fine conception of what medical science to-day is especially insisting upon. I refer to their laws of quarantine against contagious disease, particularly in regard to that most loathsome disease of the ancient Orient, leprosy. And incidentally I have little doubt that our nurses and health authorities would experience considerably less difficulty in enforcing the laws of quarantine to-day in cases of communicable disease among the Orthodox Jews if their knowledge would permit them to turn authoritatively to this code in the book of Leviticus, (Chap. 14 ff) and show to the often recalcitrant patient and his family that the segregation of persons and places infected is no mere whim of modern physicians, but that it is based on the law to which they themselves give allegiance. And similarly, by the way, the difficulty encountered so frequently in persuading the Orthodox Jews to go to the hospital, where perforce their dietary régime will be broken, might be obviated if the nurse and doctor only knew and could bring home to the patient the fact that in the so-called "Schulchan Aruch" as the traditional code book of the Orthodox Jew is called, it is distinctly set down that in case life is endangered, all the religious laws may be broken with the single exception of those prohibiting idolatry, adultery and the shedding of blood.

Coming now to a somewhat more detailed treatment of the ceremonials of Orthodox Judaism that bear upon the nursing profession, we may say that they have to do with: (a) diet, (b) prayer and ritualistic forms, (c) home ceremonials, (d) religious rites associated with child birth, (e) death and burial.

Of these I mention the subject of diet first, because, by coincidence, it plays such a leading part both in the nurse's profession and in the life of the Orthodox Jew, and it is upon this point, more than any other, perhaps, that nurse and patient are likely to clash. It should be said in dealing with this subject that the dietary customs observed by the Orthodox Jew go much farther than those laid down in the Bible, and embrace as well the varied and minute extensions of the Biblical law for which mediæval and rabbinical authorities are responsible. When the nurse, who is a stranger to the customs of an Orthodox Jewish home, enters there to attend her patient, she will be struck at once with certain regulations that are entirely strange to her. In the first place she will find that many articles of diet which she is accustomed to give to her patients, are here absolutely taboo. Ham, for instance, indeed any form of the meat of the swine, is entirely forbidden. Oysters and other sea foods she cannot give her patient. Indeed, she will find that the Orthodox Jew rigidly insists upon the observance of the Biblical law that in the realm of animals those are prohibited for food which do not chew the cud and which have not the cloven hoof, or which lacks in either one or the other of these matters, and so far as fishes are concerned, those are prohibited which have not both fins and scales, a prohibition which as you will see includes all forms of shellfish and other sea foods which are frequently given as delicacies to convalescent patients.

But the difficulty of the nurse will not end when she knows what dishes must be absolutely excluded, for she will find that even among those permitted as food, there are certain mixtures which shall in nowise be allowed. Milk foods and meat foods cannot be eaten together or within stated intervals of one another. Generally it is accepted as law that food made with milk or butter may be eaten within three hours after partaking of a meal of meat, while if the process is reversed, the meat may be eaten within half an hour after the milk. As though this were not sufficient to confuse the poor nurse, she must be further confounded by the fact that there must be one set of dishes used for the cooking and serving of meat foods and quite another for the cooking and serving of milk foods, and that to interchange one of these with the other is to render it incapable of further use in the Orthodox Jewish household. Nor can she go to the corner grocery and butcher shop to buy for her patient her chicken or her cut of steak, but all the meat which

she serves must be duly slaughtered by the so-called "Schochet" or official religious slaughterer of animals, and this meat having been obtained, it must go through a further process of so-called "koshering" which means that it must be successively soaked in water and embedded in salt for a definite period before it is religiously allowable, this being the rabbinical interpretation of the Biblical law, that the blood of the animal shall not be eaten.

To those who are strange to these customs they must seem very ridiculous indeed, and they are not to be blamed overmuch if at first they have little sympathy or indulgence for those who, at the risk of delaying their convalescence or even preventing their ultimate recovery, insist upon refusing dainty foods, because they are not ritually allowable, while they are willing to partake of other foods, often without nutritive value, which the physician absolutely prohibits. But I am sure their sympathies will be deepened and they will come to indulge the whims of these people somewhat if they can but realize how much a part of their lives are these things, and how they would rather face death itself than turn their back upon these traditions which, through a lifetime, they have regarded as binding upon them. Of course, we know that in emphasizing the letter of the law, they are sacrificing its spirit; of course we know that all this is very foolish, but at the same time *if we wish to exert the best possible influence over the patient, we must put ourselves into such sympathy with him as will allow us to put ourselves in his place for the time being, and to enter into his mental attitude.*

Dealing with the second division of the ceremonials under discussion, we come to the prayer and ritualistic forms of the Orthodox Jew. It is a striking fact that the Orthodox Jew seldom misses an opportunity to pray, and endless would be the list of occasions that might be cited for which he has some particular benediction. From sunrise unto sunset he could be busy at this service if he chose, praying before he washes his hands in the morning and again before he breaks bread, saying one sort of prayer over one kind of food and another over some other kind of food, breathing one petition if the food he eats happens to be the first of its kind of which he has partaken during that season, saying a prayer if he is about to start upon a journey, one sort of prayer if he goes by land and another if he goes by sea, and so on through the whole day's routine until at night he closes his eyes with yet another prayer upon his lips. Now this constant attention to religious observances, if on the one hand it has a tendency to sanctify the secular, on the other serves to the neglect of other duties which to many of us seem quite as important, and it is only as we understand again how essential a part of the Orthodox Jew's whole life these prayer forms are, that we can persuade ourselves to enter sympathetically into his lip observance that is frequently coincident with the neglect of other things that to us seem more urgently pressing. *But on the other hand the very conjunction of the religious forms with the affairs of daily life may frequently be used by the wise nurse and physician as hygienic agencies.* Thus, for instance, the so-called ritualistic bath which is rigidly observed by the Orthodox Jewess, may be used as a means of persuading her that a greater frequency of bathing, both for herself and her children, will be a fulfillment of religious customs. *In other words, what we need to do in dealing with people whose customs are strange to us, is not to belittle those customs, nor to lose our patience with those who practice them, but rather to use them as the means of bringing about the very conditions which, from the hygienic standpoint, we wish to establish.* To call these customs foolish is to cut off every possibility of sympathy between patient and nurse. To indulge them is to establish the possibility of a more sympathetic understanding and consequently of a closer co-operation between them.

The home ceremonials of Orthodox Judaism, though they have elements that are somewhat strange to those who see them for the first time, are not without their elements of great beauty, and they too may be used as so many levers with which to lift the patient, ignorant of the laws of sanitary living, into a knowledge and appreciation thereof. Thus, for instance, the ceremonials in the Jewish home incident to the ushering in of the Sabbath may effectively be used by the clear-visioned and tactful nurse. Commenting upon the beauty and the inspiration of the white cloth and the lighted candles that are invariably a part of these ceremonies, she may persuade the mother that this spirit of cleanliness and of order and of cheer might be made a part of the household, not one night in the week, but every night, and thus all unconsciously the wife and mother might be made to work a very revolution within her home that would be all for good. Other similar cere-

monies which the nurse sees practiced she might similarly use for the upbuilding of the home.

Two occasions in the Orthodox Jewish home present some peculiar problems to the nurse. One is the occasion of child birth, particularly if the child be a boy, and the other is the case of death. With the former we need not here deal except to explain, as every good nurse already knows, that the period for the religious dedication of the male child, through the ceremony of circumcision, is a time of tremendous nervous strain to the mother and that at that time the utmost tact and diplomacy is necessary on the nurse's part to calm the anxiety of the mother. Nor is this relieved in the homes where customarily the ceremony is accompanied by a feast given to friends and relatives, often accompanied by considerable noise and confusion, which just at this time should be absent. So it is that the tact of the nurse is put to one of its severest tests.

In the case of death and burial of the Orthodox Jew, again the nurse must be extremely politic, for around death hover so many superstitions that when bereavement of this sort falls upon him he is, as a rule, very difficult to deal with. Often the nurse who has been uniformly kind and considerate to the patient, will be frowned upon the moment that patient has passed away, and she who, with the utmost tenderness, cared for the sufferer, will be almost ruthlessly driven away from touching the dead. In a case of this kind the nurse, understanding the peculiar conditions that surround the Orthodox beliefs in regard to death, will take no offense but content herself with giving kindly advice and such help as she can to the characteristically-emotional household; she will feel that the refusal of those bereaved to permit her to participate in the last offices to their dead is not a reflection upon her, nor yet upon their affection for her, but that it is born simply of a narrow superstition, deeply embedded in them, that none but their own co-religionists must touch the body of one whose spirit has flown to the great beyond.

The essential point that I desire to emphasize is that the work of the nurse among the class of people with whom we are dealing will be not only more efficient, but also more satisfactory to herself if, through a knowledge of the conditions out of which these people have come to be what they are, she succeeds in putting herself for the time being in their place and thus establishes between them and herself a bond of sympathetic understanding.

Perhaps I should give you one further thought before concluding. Frequently it is felt by the nurse who goes into the Orthodox home in the poverty-stricken ghetto districts of the great city, that her task is almost hopeless because of the filth that so often abounds there, and in her mind somehow she comes to associate that filth with the fact that these people are Jews. Naturally such an association of ideas tends to a breaking down of sympathy. And how unjust it is! If there is one people on the face of the earth whose religious laws insist upon cleanliness in regard to the physical body, in regard to the home environment and in regard to the food which one eats, it is the Jew. Indeed, the very word "Kosher" which is the name given to permitted food, is by some translated as "clean," though a scientific knowledge of the Hebrew would not quite uphold that meaning. But this fact stands out, where these people are steeped in mire and in filth, it is due not at all to their religious condition, but it is the result of their poverty and of the social conditions which compel them to live in their miserable hovels, overcrowded and cramped together in a fashion that would ill befit even the dumb brutes, to whom oftentimes we give better care than to some poor human beings. It it well for us who are fortunately placed, who have our large, well-lighted, well-ventilated rooms, homes with abundant bathing and sleeping facilities, to preach to these poor creatures about keeping their windows open, about bathing regularly and what not, but who shall tell whether we would be more docile than they in these matters were their positions and ours to be reversed?

I am pleading for a greater sympathy for the unfortunate members of our community who frequently understand us as little as we understand them. Let it be our part, as helpers of humanity, and certainly of all the professions none so consecrates itself to human helpfulness as the profession of nursing, to do what we may to enter into the moral and spiritual life of those whose language and whose customs are strange to us, but who, beyond their outward differences, are, after all, blood of our blood, flesh of our flesh and spirit of our spirit.

A PLEA FOR MORE NURSES AT A SMALLER WAGE.

By Dr. Vertner Kenerson, Buffalo, N. Y.

Lest any one may think this is simply a tirade against the graduate nurse, I feel that I must preface the remarks that follow by the statement that it is simply a plea for more nurses with a suggestion as to how they may be secured; which, in a nutshell, is that nurses be received a little more mature, be trained a shorter time, that their training be of a nature more nearly approaching the conditions they meet outside, and that they should in view of the shorter term required be willing to work for a smaller wage at least for the first two years

That is the message, and to show that the suggestion is possible and practical, I give as an illustration my own private hospital where the matter has been successfully carried out for the last six years, where a very desirable class of nurses are trained, and who have without exception been very successful, busy all the time and able to satisfy the doctors for whom they have worked. What is more important, they have almost without exception been liked, respected and appreciated in the families in which they have nursed.

If this suggestion is accepted, I am sure that the constant shortage of nurses to keep the classes running at the large hospitals will be met, and the market will not be constantly "short."

But this does not include a recommendation that these shorter term nurses shall be called anything but nurses, or that any designation suggested by the present aristocracy of nurses shall label these women as assistants or practical nurses, or maids, or scrub-women. They are simply nurses and if they are of the same stamp as my nurses they will soon make a permanent place for themselves.

In the Fall of 1912 a bill was introduced in Albany creating a special Board of Graduate Nurses, who should be the final Board for the licensing of Graduate Nurses.

Nursing in Buffalo since I came here fifteen years ago has gradually become worse instead of better. Not because the nurses are poor, but because of the difficulty in handling a nurse in a private family.

The nurses have received so much training and they are so impressed with their own importance that they have grown out of the real sphere for which they have been educated. In some way it has become impressed on them that their usefulness depends upon just how much disturbance they can cause in the regular running of the family. They object to doing absolutely everything that does not actually come in the line of personal service to the patient. Even when the sickness is of such trivial nature that the nurse is useful more as a companion than as an actual necessity for the patient, yet she refuses even to care for the bath room where she has taken all sorts of litter, including bedpans, douche bags, enema tubes; yet she wants to summon the maid from the kitchen to clean up these things after her.

Twice in the last year when the only persons in the house to be fed were a convalescent patient and the nurse herself, I have had "graduate nurses" refuse to stay on the case because there was no one in the house to prepare their meals. In another instance where a man of moderate means was trying to have his wife receive the very best of attention during her second confinement because of some neglect of the wife's own mother at the first confinement, the nurse refused to stay on the case for the reason that there was no one in the house to prepare the simple meals that the convalescent mother required, and that the nurse herself exacted. In this case also the nurse would not clear up the bath room after herself and her patient, or get the general laundry ready for the steam laundry or rinse out the baby's napkins for the little one.

I do not believe that any member of the medical profession appreciates what a good nurse is more than I do, but anyone that has had as much experience with them as I have had certainly must have reached the limit of his endurance under the assumed superiority of the graduates of some of our hospitals.

I realize that these young women have some grounds for wanting to have a close "Union Shop" because they have served a long apprenticeship. It seems to me that perhaps they have been asked to serve too long, if they were of the right timber when they began their term, and that if the term were shorter and more practical, nurses would be more useful and more plenty.

Practically no nurse can have had suffi-

cient experience so that she will have seen and had dealings with each and every surgical and medical disease that she may be called upon to care for in her outside practice.

Further, the nurses are too young when they enter these training schools, and they enter more because they want the experience for home uses or because they have an idea that it is a good way to come in contact with eligible young men, who may make desirable husbands for them bye and bye.

Please believe me that I do not say this in the spirit of levity or sarcasm, but want to bring forward another phase of this nursing question and go on record as being opposed to the "Seely Bill" in the form in which it was introduced last Winter, or in any other form that gives this grade of graduates a strangle hold on the best class of nursing.

For the last six years I have maintained and managed for my own private cases and for the cases of my immediate friends a "Cottage Hospital" at 115 Park Street, this city. This is simply a private house well constructed of brick and furnished plainly and in hospital fashion inside, with a great abundance of clean linen which includes sheets, pillow-slips, towels and bed room accessories. Here I have trained about twenty nurses and have insisted from the first that I preferred women from outside, who had not been in any of the large hospitals, but who were naturally or by training good cooks and good housekeepers, and who were preferably over thirty years of age, and who wanted to really make a business of this work after they were through with me. I have explained to them before they came to me that they would not be able to see everything in my hospital, but that I would give them a thorough preparation in the essentials of nursing and would make no attempt to see that they had experience with each and every kind of sickness. I furthermore have explained to them before they came that they would not be supplied with an extra maid to curl their hair and manicure their nails, or to care for the rooms in which the patient was to be kept. I have encouraged them to be as careful as possible about making work for themselves but have told them that if they did spill a bedpan, or drop a douche bag, or allow a patient to vomit on the floor, it was their task to clean those matters up and not to stand about and look bored hoping that someone else would come in and clean up the disagreeable mess for them. I have seen that they have all had careful instruction as to what was a proper diet for medical and surgical patients, and they have all had instruction how to prepare dainty dishes and have been supplied with the necessary things to make an appetizing meal for sick patients. They have been told how, and compelled to keep careful notes of every case that has been under their care. They have not been allowed to shirk any responsibility for "not knowing" but have been compelled to know all the things they should for the bodily comfort of their patient. When the house has been light they have had plenty of time off, but have not started in with preconceived ideas about having two hours off every afternoon whether the patient suffered or not, or whether the doctors were put to great inconvenience. When the house has been full I have explained to them that this was not merely a "Roman Holiday" or a "Basket Picnic," but that they must take the work as they found it, and if the work was steep they must be prepared if they were going to follow this profession to make personal sacrifices, as the work demanded it, and take their leisure when work was light. I have not had a day force and a night force, because as you all know very well, the ordinary case, if a nurse is not simply trying to make work for her chum, does not require a nurse for both night and day. The nurse who has the right spirit will for a night or two after the operation put on her bath robe and lie down in the room with the patient, answering such calls as are necessary during the time the patient is recovering from an anesthetic. After the first night, or at most after the first three nights the nurse can go to her own room, get a reasonable amount of sleep and thus get into a proper state of appreciation of the needs of a private case outside, instead of getting exaggerated notions of her own importance and making unnecessary demands on the head of the house, who is already suffering from an acute attack of sickness and necessary charges for sick room delicacies as well as fear for what the doctor's bill may be.

I have told the nurses that if they would stay with me a year and a half I would arrange matters so that, while they would not know everything, they would certainly

know the essentials, and that then if they would register with a good nursing bureau, they would certainly have plenty of work to do and could get their additional experience outside; but even after they had served a year and a half with me and then a year and a half outside, they would still have something to learn. Every nurse that I have sent off has been busy from the very first of her starting in. I have advised them to work for fifteen dollars a week for the first year and a half, which they have done. While I presume the standards of other men may not have been always the same as mine, I am sure that these women have been very useful, have not claimed to know everything, have known the essentials, known how to give hypodermics, enemas—high and low, baths, massage, rubs—alcholic and cocoa butter. They have been willing to get up simple meals and to care for the patients from top to toe and not to be too critical about the rest of the household. They have known what things were good to eat and how to prepare them. Whether my standards have been the same as other men's, I do know this, that when I have wanted one of my own nurses outside and have asked the nurse's registry I have been told repeatedly that I need not ask for one of my own girls because they were much in demand and seldom was one of them in more than two hours after she reported. In a number of instances the doctors would take one of my nurses when they would refuse a suggestion that they take a nurse from some other school. I know that this system of demanding older girls and a shorter length of service and the lower wage at least for the first two years after they leave me does not coincide with the recommendations of the committees in charge of the training schools, but I leave it to those who have had cases in my hospital if my nurses are not satisfactory, and if you do not prefer them as graduates, especially at the reduced rates, to the nurses of other hospitals.

It does seem that perhaps it is asking too much for young women to enter a training school and serve three years, unless they do receive a twenty dollar wage when they get out. But these nurses will have a good demand for their work all of the time. What I maintain is, that there is a good field for a class of nurses that do not serve so long an apprenticeship and can therefore afford, at least for the first two years they are out, to work in families where it is a hardship for the head of the family to pay twenty dollars a week. One other phase of this thing is that the training schools that require three or four years' service, are not turning out nurses fast enough to supply the demand for them.

A further side light on this class of work is that the regular graduate is not enough impressed with the good it does the patient—and which is therefore a part of the treatment of the patient—to have the nurse come into the household and help the machinery to run smoothly, instead of coming in to "regulate" the family at the critical time when some member is seriously ill. No one can possibly appreciate a good nurse more than I do, but I am learning more and more to appreciate nurses who have had my own training, especially in the practical line of caring for the patient and doing absolutely everything, including the care of the rooms and the bath rooms, that the nurse is so apt to leave untidy. Again there are nurses who, as soon as they are given any leeway, will get arrogant and, after a short time, whether they have been trained in my practical way, or in the long four year course, will quarrel with any family, just on account of their own disposition; these will have to learn as the world learns, that if they want to keep the good will of the doctors and their patients, they must fit in. I do not mean to say that the nurses from my house are perfect,—they are far from it,—but I do say that they are practical women who can afford to work for the first two years they are outside for fifteen dollars a week and they give such good satisfaction that they are in demand and are preferred, by a number of doctors, to the four year graduates.

Furthermore, with the class of patients they have in the wards of the large hospitals, it is quite out of the question to give the nurses any instruction in regard to the care of genito-urinary cases, but at my hospital the nurses have been taught and are usually able to care for uncomplicated senile bladder cases and young men who have retention following typhoid or surgical operations. This sort of instruction is quite out of the question unless the cases are gentlemen, so that proper instruction can be given without exposing the nurses to a possible insult as soon as the doctors are out of the way.

One other matter in regard to confine-

ment cases makes the sort of training given at my house much more desirable than it could be in other places, because it is so much nearer to the conditions actually found at home,—it is the rule at my house with my own confinement cases and with those of other men who have paid me the compliment to use the house for such cases, that the room of the patient should be occupied by the patient and by the little stranger, that it should be kept properly aired, that the mother should learn to care for her own baby at least two days before she leaves the house, that the nurse, if the baby is restless at all, should sleep on the couch beside the mother so as to be within instant call of either patient. These are the conditions that are usually found at home, not four or five babies in one room at a distance from the mother, but one baby close by, so that the mother will from the very first learn what things are necessary to keep her baby in good humor, so that it will sleep through the night; so that she will have plenty of the right kind of milk and know from the very first, that nothing is to be given to the baby "so it will sleep"; that she is to "watch her step" so that she will not eat the wrong things herself and thus give the baby the belly ache at night and cause her to be wakeful.

Here too, is another point for the training of the nurses. They are held responsible by the feeling that their every act is under the eye of the mother and that they must manœuver so that the baby will take its nourishment regularly through the day and so that it will sleep through the night, usually wakening only once for food, never more than twice. This is as the conditions actually arise at home and invariably, with only the limited training that my nurses get in my hospital, they have been very successful with this work outside.

CORRESPONDENCE.

In communicating with The Gazette always send your name and address. They will not be printed without your consent. We have but one place for anonymous communications, viz., the waste basket.

HOSPITAL GRADUATE PROTESTS.

Dear Editor:

In September issue of The Gazette, is a letter from a nurse who signs,—"One Who Loves The Work."

Now will said correspondent please tell us the names and addresses of the hospitals which employed her to do general nursing therein? We would like to have this list printed in The Gazette.

It seems "passing strange" that hospitals should employ an attendant or correspondence-course nurse, and pay her the same wages as they paid to hospital graduates.

This would be a good subject for The American Hospital Association to investigate.

AND,—if said correspondent is "constantly seeing" such criminally unskilful and negligent acts as she ascribes to a "Graduate and Post-Graduate Nurse" in a certain hospital, why it is time such hospitals and their methods were given publicity. Publicity is a cure for many evils.

I beg leave to differ with the correspondent in the statement that it is the *careless* trained nurses who wish to drive the untrained or correspondence-course nurses from the field. Not so at all. In the first place it is a self-evident fact that we trained nurses merely wish to regulate the work of the untrained.

We do not believe that any woman can become thoroughly trained by any short-cut method as by correspondence-school courses. No amount of experience in private nursing (no matter how closely one follows the doctor's orders) can ever compare with, or equal the training and clinical experiences gained in a well-managed hospital.

'Tis true that some hospital graduates are unworthy of the training bestowed upon them; and both lazy and negligent when not working under supervision. There are unworthy persons in all professions; but that doesn't make the untrained nurse any more competent or well-fitted to undertake critical cases. She has not attained the knowledge necessary to make it safe for her to undertake the care of persons critically sick; and if she could be humble enough to realize this, it would be better for suffering humanity.

Advancement is the watchword of the vast army of well-trained nurses in our country. We do not know enough already; we wish to attain more knowledge and better methods.

To the untrained or domestic nurse with like aspirations I give the right hand of fellowship in the work; and will try to teach her what I know. For the nurse who thinks she is all-sufficient, no matter how little training or fitness she has for nursing,—I have nothing but pity and disgust.

Most sincerely,

Hospital Graduate.

WHY NOT "OFFICIAL"?

Editor Dietetic and Hygienic Gazette:

Dear Sir: In regard to Questions and Answers published in each Gazette, will you kindly tell me what you mean by "The following Answers are not 'official', and they are prepared for the editor"? Are the examinations of each training school in the State prepared by one official board? Will

you please give me the address of the State officials having charge of examinations of Ohio?

And oblige,

A. R.

THE answers to examination questions in each number of THE GAZETTE are prepared for our own use, and as they are not endorsed by the Board that prepares the questions we consider it only fair to announce that they are not "official." If any criticisms of these answers should arise it should be understood that we are alone responsible.

As a rule each training school has its own examinations for graduation. The State Board holds examinations for Registration.

Ohio does not have State registration.

MAYBE IT HAD A PULLMAN CARBUNCLE.

SIR: The train was just crawling along. My gemenfren was growing impatient. "I wonder what's the matter with this old engine?" he said. And I piped up trained-nursedly, "Judging from the way it's been puffing, I should say it had engina pectoris."—ETHEL in *N. Y. Evening Mail.*

Ethel is all right. Every nurse knows that the trouble was not pullmanary. It was cardiac.

HOW HOOKWORM DISEASE IS CAUGHT.

THE source of every case of hookworm disease is eggs of the parasite in the feces of infected people.

Young worms hatch from these and after four or five days become encysted and infectious.

These can gain entrance to the body through the mouth, on dirty hands, in food and water, or through the skin in any way in which the infected material comes in contact with it, chiefly as a result of going barefoot; possibly also infection through wet shoes.

The fact that one or many attacks of ground itch is a part of the life history of almost every boy living in an infected locality, whereas those from noninfected localities do not know what the disease is; that experimental hookworm infection through the skin produces lesions identically like ground itch, and the further fact that in infected localities the skin is almost daily exposed to soil and water polluted with human excreta, whereas drinking water and food are far less exposed, all indicate that skin infection is the practical and almost the only one that actually occurs.

The worms penetrate the skin chiefly through the hair follicles and sweat pores, enter the blood stream, pass through the right heart to the lungs, into the bronchi, thence to the mouth and now are swallowed, pass through the stomach to the small intestine, where they attach themselves to the mucous membrance and develop to adult life.—*Monthly Bulletin,* Indiana State Board of Health.

Questions and Answers.

The following answers are not "official." They are prepared for the editor.

UNIVERSITY OF THE STATE OF NEW YORK 20TH NURSES EXAMINATION.

ANATOMY AND PHYSIOLOGY

Tuesday, June 24, 1913—9.15 a. m. to 12.15 p. m., only.

Answer 10 *of the following questions. Each complete answer will receive* 10 *credits. Papers entitled to* 75 *or more credits will be accepted.*

1. When the hand lies with the palm upward, on which side of the forearm is the ulna?

Ans. The median side, or inside.

2. What are phalanges or digits?

Ans. The bones of the fingers and toes.

3. What is an excretion?

Ans. A liquid or semi-liquid product discharged from a glandular organ and of no further use to the body.

4. What is the function of an opsonin?

Ans. To make bacteria more susceptible to the action of phagocytes.

5. What two forms of energy are evolved in the process of oxidation?

Ans. Heat and work.

6. What three large classes of chemical substances make up in a general way the human body?

Ans. Proteids, hydrocarbons and inorganic stuffs.

7. What is the diaphragm?

Ans. The septum between the thorax and abdomen.

8. Give the location of the liver.

Ans. In the right hypochondriac region, extending across the epigastrium into the left hypochondriac region; in contact above with the diaphragm and below with stomach, duodenum, colon and right kidney.

9. Define metabolism.

Ans. "The total series of changes by which substances are built up into living matter and again broken down."

10. What artery supplies blood to the kidney?

Ans. Renal artery.

11. What is the normal capacity of the bladder without discomfort?

Ans. About one pint.

12. Mention *two* ways in which the transparency of the urine may be diminished.

Ans. By deposit of earthy phosphates while in the bladder; by deposit of amorphous urates after voiding.

13. What is the nature of a diet that controls the production of urea?

Ans. Vegetarian diet or diet low in proteids.

14. To what is the rise of body temperature in fever due?

Ans. Increased metabolism accompanied by oxidation, and diminished loss of heat.

15. What are the four parts of the auditory apparatus?

Ans. External ear, middle ear or tympanum, internal ear or labyrinth, and the origin of the auditory nerve in the brain.

MEDICAL NURSING AND NURSING OF CHILDREN

Tuesday, June 24, 1913—9.15 a. m. to 12.15 p. m. only.

Answer 10 *of the following questions. Each complete answer will receive* 10 *credits. Papers entitled to* 75 *or more credits will be accepted.*

1. Mention four important nursing measures to be observed during the acute stage of infantile paralysis.

Ans. Isolation, catharsis, elimination by hot baths and packs, prevention of contractures by massage and passive motion.

2. What complication is most to be feared in measles and how would you guard against it?

Ans. Bronchitis or broncho-pneumonia. Ventilate room thoroughly and keep temperature up to 68° or 70° Fahr. Keep mouth and upper air passages as clean as possible and keep patient in bed until rash and fever have entirely disappeared.

3. How would you prepare (a) a hot fomentation, (b) a cold compress?

Ans. (a) Two or three thicknesses of soft flannel are wet with boiling water and wrung as dry as possible with some form of wringer, shaken a moment in the air, applied to the skin, covered with rubber sheeting, a pad of absorbent cotton, and retained by a binder or bandage. (b) Gauze or soft muslin is prepared of the right size and four to six thicknesses. This compress is cooled in ice water and wrung dry. It may be placed loosely upon the skin or retained by a bandage. It may be changed when it warms up or it may be wet occasionally with ice water or some evaporating lotion to keep it cold.

4. What are the points to be observed and recorded regarding a convulsion?

Ans. The part of the body first affected and the other parts affected, in their order. Nature of convulsions—tonic, clonic, or alternating. Distortions of the face and the side affected. Condition of the eyes, especially the pupils. How long convulsions last. Condition of the sphincters. Pulse and respiration. Color of face and extremities.

5. Mention *three* important points in the management of convalescence after typhoid fever.

Ans. Give no solid food until temperature has been normal for a week or ten days. Patient should rest in bed most of the day for two weeks after temperature returns to normal. The usual antiseptic precautions—disinfection of stools, urine, utensils, etc.—should be continued through convalescence.

6. Tell how you would irrigate an ear.

Ans. Pin a towel around patient's neck, covering shoulders. Patient sits erect and holds a basin under ear. Fill rubber ear syringe with solution at about 100° Fahr. Pull auricle upward and backward, insert

nozzle of syringe with tip directed against upper wall of auditory canal, and leaving room for return flow below the nozzle. Inject very gently as many syringefuls as needed, remove moisture by a swab of dry cotton and leave plug of cotton in the ear.

7. What articles would you prepare for a stomach lavage?

Ans. A soft rubber stomach tube joined to about four inches of glass tube and this to about a yard of rubber tube with a funnel at the free end; an apron or large towel, an ordinary wash basin, a bowl or pus basin, a pitcher.

8. How would you give a nutritive enema? Give formula.

Ans. Give cleansing enema of salt solution if possible an hour before the nutrient enema. Patient lies in Sims position, hips elevated. A rectal tube with large glass funnel attached is lubricated and passed ten or twelve inches into the bowel. The nutrient fluid at temperature of about 95° Fahr. is poured into funnel and allowed to enter rectum slowly. Patient must lie quiet for a half hour to prevent expulsion of fluid. One raw egg and three ounces peptonized milk.

9. Describe a method of giving a hot pack in case of uremia.

Ans. Undress patient and place on warm rubber sheet with hot blanket under and over him. Put three light blankets in scalding water and wring as dry as possible. Put one blanket across bed under patient's shoulders and the other under his legs. Fold upper blanket around neck, shoulders and sides and roll up each arm; roll other blanket around hips, legs and feet. Place the third blanket over all and tuck in well on all sides. Bring up one end of under blanket and sheet and tuck under opposite side of patient. Do same with other side and turn up lower end of blanket and sheet to protect the feet. Cover well with bed clothes. Place ice cap or cold compress on head, give plenty of water to drink and watch patient carefully for any unfavorable signs. After 15 minutes to an hour remove pack and roll patient without exposure in dry, hot blankets. After sweating is over rub dry with hot towels.

10. State how you would give a bath for its tonic effect.

Ans. Use shower bath or tub bath, cool or cold—50° to 80° Fahr.—followed by brisk rubbing with towel until skin is quite dry.

11. What prophylactic measure should the nurse employ in order to avoid thrush?

Ans. Frequent and thorough cleansing of mother's breasts and nipples and nursing bottles and nipples. Frequent *gentle* measures to render the child's mouth as clean as possible.

12. What nursing measures would you use to prevent and relieve wakefulness in children?

Ans. Require child to sleep alone. Have regular periods for sleep. Avoid heavy meals, especially meats, before the sleeping time. Do not overstimulate child's mind by too much play or amusement just before the rest period. Have sleeping room cool and well aired. Keep child's bedding and clothing clean and sweet and do not cover too warmly. If child is still wakeful, exclude pediculi and bedbugs from the diagnosis; give warm bath followed by gentle massage—or massage alone—before putting to bed. Sometimes a Priessnitz compress over the abdomen will cause sleep.

13. Give the rate of temperature, pulse and respiration in the normal infant.

Ans. Temperature, rectal, about 99.5. Pulse about 130. Respiration about 30.

14. What position in bed would a patient assume in (a) peritonitis, (b) colic, (c) pneumonia of the right lung?

Ans. (a) Dorsal, with both legs drawn up, and body rigid. (b) Lateral, or "coiled" upon one side with legs drawn up to meet the body; sometimes lying on abdomen with a pillow stuffed under abdomen to produce firm pressure. (c) Lateral—lying upon the right side.

15. State *two* reasons why starchy foods should not be given to an infant three months old. When does the first dentition usually begin and end?

Ans. At this age the infant can not digest starch because of a deficiency of ptyalin in the saliva. The diastatic power of the pancreas is not developed at this age. Begins about the sixth month and ends about the twenty-eighth month.

Continued on Page xx

Continued from Page 48.

UNIVERSITY OF THE STATE OF NEW YORK, 20TH NURSES' EXAMINATION.

MATERIA MEDICA

Wednesday, June 25, 1913—9.15 a. m. to 12.15 p. m., only.

Answer 10 of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted.

1. What is the dose of quinin when used as a tonic?
2. What are the first symptoms of over use of iodoform?
3. What is the difference between a solution and a tincture? Which is the stronger?
4. Define (a) motor excitants, (b) cerebral stimulants, (c) antispasmodics.
5. Write the table of apothecaries' weight.
6. State the dose of Fowler's solution of arsenic. When should it be given?
7. Why do solutions need to be frequently renewed?
8. What change occurs in tinctures and fluid extracts if they are allowed to become old?
9. Explain the meaning of "drug idiosyncrasy."
10. Mention a marked feature of lead poisoning.
11. What are the active ingredients of Seidlitz powders?
12. If the adult dose of a drug is 12 grains, what is the dose for a child 4 years old?
13. How many grains to the ounce are required to make a 1% solution?
14. Why is atropin sometimes given with morphin?
15. Give the meaning of *each* of the following abbreviations: (a) ung., (b) O., (c) s. o. s., (d) gtt., (e) pulv.

OBSTETRIC NURSING

FOR FEMALE NURSES

Wednesday, June 25, 1913—9.15 a. m. to 12.15 p. m., only.

Answer 10 of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted.

1. Compare the true pelvis with false pelvis.
2. Name the organs in the pelvic cavity and show by words or diagram their relative position.
3. What is the advantage of the sutures and fontanels as found in the skull of the fetus?
4. Describe the structure and the function of the umbilical cord.
5. What are the nurse's responsibilities in regard to the cord from the time it is severed till it falls off?
6. What advantages might be gained from the application of a breast binder?
7. What advantages may be gained from the application of an abdominal binder?
8. Define fetus, viability, lactation, involution.
9. What may the nurse do for the relief of varicose veins during pregnancy?
10. Give *three* characteristic signs of the beginning of the second stage of labor.
11. What may the nurse do for the relief of cramps in the thighs during labor?
12. Why is crying necessary for an infant immediately after birth?
13. How should the soiled napkins of an infant be cared for?

14-15 Discuss the nursing care of a case of eclampsia as regards (a) quiet, (b) nourishment, (c) elimination.

Have your answers to these questions ready for comparison with the answers to be given in a later number of the GAZETTE.

THE first baby is always a howling success, from some point of view.

A GIRL can generally dampen a young man's ardor by throwing him overboard.

MANY a man is cast in the shade because he stands in his own light.

WHEN a man is in pursuit of happiness it gives him the chase of a lifetime.

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Treatise on "Flat-Foot" Mailed to Physicians Free Upon Request

TECHNICALITIES.

ECONOMY IN SHEETS AND PILLOW CASES —If nurses could be made to realize, what is really a fact, that the initial cost of providing only one extra sheet and one extra pillow case for each bed in a hospital, let us say, of three hundred and fifty beds, would be three hundred dollars, and that the laundering of this extra supply would take the time of two people for nine hours a week, costing in a year about ninety-five dollars, would they not listen more patiently when the person in charge asked that they limit themselves to a stated number of these articles? — *International Hospital Record.*

SCOTCH DROP SCONES—These are very popular, and simple to make. One breakfast cup flour, one tablespoon sugar (lump or castor), one teaspoonful baking powder, one egg and a pinch of salt. Mix all the dry ingredients together. Beat up the egg with enough milk to make the batter into a thick cream. Have pan hot, and grease it with a very little butter. Pour one tablespoonful of batter into pan, and cook to rise, brown on both sides, gently turning it over with a knife as one side is done. Upon removals from pan, wrap scones up in a clean cloth at once to prevent them becoming leathery. Eat hot or cold with jam and butter.—*International Hospital Record.*

THE MOUTH OF THE FEVER PATIENT—The tongue is furred, and at first moist; soon, however, it becomes dry, brown and caked with dry saliva, and remains of food. In severe cases the gums also are covered with this deposit which is often called *sordes*. These latter changes can usually be alleviated by careful cleansing of the mouth, and, incidentally, there are few more important points in the nursing of a fever patient than the toilet of the mouth, and few better tests of the capacity of the nurse. —DR. A. K. GORDON, in *Brit. Jour. of Nursing.*

MANAGEMENT OF TYPHOID.—After all that has been said on the subject of treatment we are prepared to admit that the principal feature in the management of a typhoid-fever case is the hydrotherapeutic treatment of the febrile condition. All else pales into insignificance. Proper hygienic and dietetic regulations are taken for granted. The nurse in charge of the case is the one over-towering figure in whose hand the weal and woe of the patient are placed. Without intelligent co-operation and a strong will on the part of the nurse, the most modern treatment planned by the best physician will avail nothing.

It is for this reason that the modern hospital, with its perfect equipment, its nurses and attendants, is, after all, the ideal place to treat a severe case of typhoid fever. The tubbing method can be effectively applied without running the risk of doing greater damage by treatment that could accrue to the patient if nothing were done. In the hospital the sprinkling can — Father Kneipp's primitive and powerful apparatus —is supplanted by many elegant modern devices, among which Baruch's "douche-table" deservedly occupies a foremost place. It is the best practical device for scientific and exact control of temperature and all the other elements of the hydriatic prescription.—*Medical Brief.*

HEADACHE AND EYESIGHT—To permit a child suffering from headache to attend school without optical aid is nothing short of criminal, for soon these children become anemic and nervous, which prevents them from concentrating their minds upon the subjects they have to master, and usually they constitute a large number of the so-called failures, not because of an inherent mental deficiency, but because of the ocular trouble which partly disables them.—BRAV, in *N. Y. Med. Journal.*

VALUABLE EXPERIENCE IN THE LAUNDRY —I am strongly of the opinion that if every probationer were allowed to work several hours a week in the laundry, with the definite purpose in view of teaching her, and not to save the expense of an extra person to the hospital, she would be a more careful nurse in the wards. She should sort the soiled clothes, or supervise their sorting, in order to see the large number of slightly tumbled but clean articles that come to the laundry, and also to see the ragged, torn clothes that nurses send down, and the large number of safety pins, which may mean destruction to other people's clothes and quite frequently injury to the hands of the laundry employes. She should sort the clean linen to see how important is clear marking and should note the time consumed in washing, mangling and folding linen. In addition to this she should be taught the cost of each article.—*International Hospital Record.*

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>
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